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Medical Student Education Committee Minutes

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2023 March 21 - 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, March 21, 2023 via Zoom.

Attendance

<u>FACULTY MEMBERS</u>	<u>EX OFFICIO NON-VOTING MEMBERS</u>
Ivy Click, EdD, MSEC Chair	Beth Anne Fox, MD, Vice Dean for Academic Affairs
Caroline Abercrombie, MD	Ken Olive, MD, Assoc Dean for Accreditation Compliance
Martha Bird, MD	
Russell Hayman, PhD	<u>SUBCOMMITTEE CHAIRS</u>
Paul Monaco, PhD	Keelin Roche, MD
Jerry Mullersman, MD	
Antonio Rusiñol, PhD	<u>ACADEMIC AFFAIRS STAFF</u>
Amanda Stoltz, MD	Kortni Dolinger, MS, Staff
	Chelsea Gilbert, MA, Staff
<u>STUDENT MEMBERS</u>	Mariela McCandless, MPH, Staff
Andrew Hicks, M3	Aneida Skeens, MPS, Staff
Michael Jacobs, M1	
Helen Mistler, M2	<u>GUESTS</u>
	Andy Berry
<u>EX OFFICIO VOTING MEMBERS</u>	Earl Brown, MD
Deidre Pierce, MD	Lindsey Henson, MD
Melissa Robinson, MD	Amy Johnson, EdD
Robert Schoborg, PhD	Kelly Karpa, PhD
Rachel Walden, MLIS	Tom Kincer, MD
	Ryan Landis, MD
	Skylar Moore, MPH, HCMC
	Morgan Scott
	Tory Street, Assistant Dean
	Doug Thewke, PhD

Meeting Minutes

Dr. Click opened the meeting at 3:30 pm but due to a delay in some voting MSEC members joining the Zoom session, Dr. Click shared the list of upcoming faculty development sessions and other faculty opportunities with committee members.

Announcements:

- Book Clubs
 - March 22, 2023 – 3:30-4:30 pm
 - *Inclusive Teaching: Strategies for Promoting Equity in the College Classroom* by Kelly A. Hogan and Viji Sathy

- April 19, 2023 – 4:30-6:00 pm
 - *You're the Only One I've Told* by Meera Shah
- Teaching Opportunities
 - Doctoring 1 course director
 - IQ facilitators
- Committee Membership Opportunities
 - Curriculum Integration Subcommittee
 - M1/M2 Curriculum Review Subcommittee
- March CBSE Results
 - National performance in 2021-22 for students graduating in 2024
 - 57.3 ± 12.0 ; one standard deviation below the mean = 45.3
 - QCOM mean: 59.4 ± 10.7
 - 88% of QCOM students scored above 45, exceeding the newly established benchmark of 85% at or above one standard deviation below the mean

1. Approve: Minutes from the MSEC Meeting – February 21, 2023

Dr. Click presented and asked for comments/corrections to the February 21, 2023 meeting minutes, which were distributed to MSEC members via email on Friday, March 17, 2023. Dr. Click noted there was one correction to be made to the minutes of Dr. Mullersman being listed as a guest instead of a member.

A motion was made to accept the February 21, 2023 meeting minutes as corrected and seconded. MSEC approved the motion.

The MSEC Retreat meeting minutes for February 21, 2023 are shared with MSEC Members via Microsoft Teams document storage.

2. Report: M3/M4 Review Subcommittee

Underserved Medicine Clerkship

Please see the Underserved Medicine Clerkship Annual Review Report for additional data.

Dr. Roche presented a review for the Underserved Medicine Clerkship. Dr. Roche noted this was the first review for Underserved Medicine, which replaced the Community Medicine Clerkship. Dr. Thomas Kincer is the clerkship director. The reviewers were Dr. Keelin Roche and Shannon O'Connor, M4.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery, and Environment: **Exceeded expectations.**
- Assessment, Feedback, and Grading: Feedback provided to students **exceeded expectations** while mid-clerkship formative assessment, fair and transparent grading, and timeliness of grades **met expectations.**
- Educational Outcomes: Grade breakdown **exceeded expectations.** There is no NBME exam for this clerkship.
- Student Feedback: **Exceeded expectations.**
- Previous Reviews: There have been no previous reviews for this clerkship.

Strengths of the Clerkship:

- Student comments:
 - Given that this is the first year of the clerkship, I think it's impressive to see the significant increase in how well students evaluated the quality of the clerkship (up to 3.76/4 from 2.71/4). Kudos to the hard work put in to make that happen!
 - The students reported that the preceptors and the administration were a particular bright spot of the clerkship. They were very appreciative of the variety of hands-on learning experiences, and the opportunity to work with low-resource and underserved patient populations in the community.

Weaknesses of the Clerkship:

- Student Comments
 - Distance and travelling time to clinical sites was a concern repeatedly brought up in student comments. There were concerns about gas expenses for students driving to sites where lodging was not offered. One suggestion brought up would be allowing students to choose between gas cards or lodging based on their preference. Perhaps gas cards might be offered to students travelling outside a certain radius of Johnson City as well as lodging for those rotating at sites where commuting is not an option.
 - Another concern mentioned was the ratio of students to preceptors, which was 3:1 in one case. This situation does not seem like it was the norm, but we should try to mitigate that if possible.

Comments from Clerkship Director: The students overall have a greatly improved review of this clerkship as compared to the Community Medicine clerkship which it replaced. Although students know well in advance that they will be required to spend the week in a rural setting, many still struggle with being away from home for various reasons. We will make accommodations when true hardships exist.

Recommended Changes to the Clerkship Director: Clarify for students when mid-clerkship evaluations are happening given the multiple moving parts. Otherwise, no recommended changes. Congratulations on getting this new clerkship off to a great start!

Recommendations for MSEC: None.

Dr. Olive and Dr. Click congratulated Dr. Kincer and his team on making this an excellent learning experience.

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

The presented Underserved Medicine annual clerkship review document is shared with MSEC Members via Microsoft Teams document storage.

Psychiatry Clerkship

Please see the Psychiatry Clerkship Annual Review Report for additional data.

Dr. Roche presented a review for the Psychiatry Clerkship. Dr. Martha Bird is the clerkship director. The reviewers were Dr. Russell Hayman and Hibah Virk, M3.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery, and Environment: Student satisfaction with the learning environment **exceeded expectations.** Educational methods, resources supporting an effective learning environment, and faculty and resident availability to teach **met expectations.**

- Assessment, Feedback, and Grading: **Met expectations.**
- Educational Outcomes: Grade breakdown **exceeded expectations.** There were 3.3% of students who scored at or below the 5th percentile on the NBME, which **exceeded expectations.** There were 43% of students who scored at or above the national mean on the NBME, which was **below expectations.**
- Student Feedback: **Exceeded expectations.**
- Previous Reviews: There was no prior MSEC action requested.

Strengths of the Clerkship:

- Student comments:
 - The residents and attendings were great and wonderful teachers.
 - Required UWorld/Amboss logging required presentation on topic of interest

Weaknesses of the Clerkship:

- Student Comments
 - Express desire to have more experience in the outpatient clinic setting. It is very different from inpatient psychiatry so it is good to have more of this experience as well.
 - Clearer communication on how to submit assignments and more cohesive communication to all students
 - A maximum of two students per area would provide more opportunities for the student and prevent the creation of a busy environment which might negatively affect staff on the unit. For example, many times we had to do team huddle via telephone/WebX because the room was too full of medical students. This took away from our learning opportunity and honestly seemed to be an inconvenience for the team, which is never our goal as students.

Comments from Clerkship Director:

- Agrees with overall student comments. Notes fewer than 5% scored at or below the 5th percentile on the NBME exam.
- Expresses concern that less than 50% scored at or above the national mean on the NBME exam.
- Expresses concern about overcrowding at Woodridge due to LMU students rotating at the same time as Quillen students, and this affecting the clerkship teaching experience.

Recommended Changes to the Clerkship Director: None.

Recommendations for MSEC: Does not meet criteria for CQI; however, this committee is concerned regarding the reports of overcrowding and the low NBME scores. Defer to MSEC for any needed action.

Dr. Bird commented that she was not surprised in terms of the NBME scores and had feared they might have been worse due to the impact of COVID on performance for these students. Dr. Bird also commented on the overcrowding and noted it was because the physicians are being paid so much money by LMU per student and does not know how we can compete with that. Dr. Click noted that the issues with LMU students have been brought up in the past. Dr. Olive commented that there has been enough of a theme regarding overcrowding and requires action. Dr. Olive stated that MSEC is somewhat limited in terms of what they can do, but noted MSEC can identify it to the dean, vice dean, and the department chair as a significant concern that needs to be addressed promptly. Dr. Click stated she concurred. Dr. Kincer commented that this has been an ongoing issue for the Rural Primary Care Department as well. Dr. Kincer noted there are fewer and fewer physician preceptors in rural communities and stated he is aware of discussions going on between the dean, Ballard, and SOFHA and it might be worth asking the dean to address MSEC and give an update on where the discussions stand.

A motion was made to accept the M3/M4 Review Subcommittee Underserved Medicine clerkship report as presented and to request that Dr. Block address MSEC regarding the overcrowding and preceptor issues and seconded. MSEC discussed and approved the motion.

The presented Psychiatry annual clerkship review document is shared with MSEC Members via Microsoft Teams document storage.

Internal Medicine Clerkship

Please see the Internal Medicine Clerkship Annual Review Report for additional data.

Dr. Roche presented a review for the Internal Medicine Clerkship. Dr. Blair Reece is the clerkship director. The reviewers were Dr. Ben Yarger and Alex Crockett, M4.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery, and Environment: **Exceeded expectations.**
- Assessment, Feedback, and Grading: There were 97% of students who were satisfied/very satisfied with the quality of feedback, which **exceeded expectations.** Students receiving mid-clerkship formative assessments, grade transparency, and timeliness of grades **met expectations.**
- Educational Outcomes: Grade breakdown **exceeded expectations.** There were 8.8% of students who scored at or below the 5th percentile on the NBME, which **met expectations.** There were 29% of students who scored at or above the national mean on the NBME, which was **below expectations.**
- Student Feedback: **Exceeded expectations.**
- Previous Reviews: There were no prior recommendations requested.

Strengths of the Clerkship:

- Student comments:
 - Students valued the weekly didactics and shelf-style review questions and felt they were good preparation for the shelf exam as well as helping connect information to patients they were caring for on the wards/clinic.
 - Students felt residents and attendings were eager to include them as part of the team and utilize their input/progress notes to help during daily rounds.
 - Many students felt they had ample exposure to the breadth of internal medicine including experience with sub-specialists and on the general medicine wards.
 - Overall, the clerkship was very well organized, and students enjoyed getting to work with clerkship staff including Ms. Yvette Font.

Weaknesses of the Clerkship:

- Student Comments
 - Students felt simulation labs and mannequins could have been incorporated more often into the didactic schedule and, overall, requested more opportunities for didactics (lectures, review questions, simulations).
 - Some students expressed concern about the consistency of experiences at the VA and a desire to ensure students spent equitable amounts of time on rotations at hospital sites further away from Johnson City (i.e., ensuring students do not have more time in Bristol or Kingsport and therefore spend more time traveling versus students who are only placed on rotations in Johnson City).
 - Moreover, students had concerns about the value of the H&P review session that occurs concurrently with the midterm review.

Comments from Clerkship Director:

- Students get a lot of different types of internal medicine experience. Resident/attending teaching.

- We still have student overcrowding which dilutes their experience. The VA is very hit or miss. Some students do get a good experience, but I agree with the students that often the experience is lacking.

Recommended Changes to the Clerkship Director: We are very encouraged by the clerkship director's efforts to change the course to ensure students have a valuable opportunity to learn in a variety of different settings and teams housed under the umbrella of Internal Medicine. The reviewers agree that pairing students with Internal Medicine residents or ETSU Internal Medicine attendings would be a great way to help them format their H&P to fit what is expected of them as medical students and/or future Internal Medicine residents. We appreciate that there are limitations in placing students at other sites besides the VA and the difficulty encountered when trying to accommodate M3 and M4 students on the same Internal Medicine services. We understand the difficult position the clerkship director is in regarding NBME exam scores. We wonder if incorporating a practice NBME shelf exam around the time of the mid-clerkship review would provide an opportunity to identify students who may be at risk of scoring low on the NBME Shelf exam and work with them to identify and create an individualized study plan.

Recommendations for MSEC: This committee is concerned regarding the NBME scores and reports of overcrowding, defer to MSEC on any need for action.

Dr. Click commented that since there is documentation that the mid-clerkship review did occur, the below expectation rating should be changed to met expectations.

Dr. Pierce commented on issues raised by the subcommittee and noted that the following changes are being made:

- They are adding a second medicine team at Holston Valley to take care of the overcrowding issue so the fourth years will have a true Sub-I experience
- Action is being taken to spread out all the students.
- Ballad Health is looking at long-term plans for what is going to be caps at Franklin Woods. Dr. Pierce stated she would like to add a teaching team there and, we should look at that before they get other learners in there.
- They have worked with the ICU at the Johnson City Medical Center and will have a fourth-year student working with the residents at Johnson City Medical Center, which will help with the overcrowding.
- Dr. Pierce has taken the outcome measures from the shelf scores and has created a dynamic form with topics scoring under the mean so residents can document when they cover those topics on the service to help address some of the lower areas. This will take effect in the 2023-24 AY. Dr. Pierce hopes this will help to address some of the NBME scores.

Dr. Click commented that during the recent clerkship director meeting, Dr. Reece commented she had talked with Dr. Daniels about her coming to the mid-clerkship review session with students. The review would be held after the students have taken and received their results of the midpoint practice exam. Dr. Click noted the students could meet with Dr. Daniels during the mid-clerkship review if they did not perform well on the exam and discuss what they need to do before taking the final exam.

A motion was made to accept the M3/M4 Review Subcommittee Internal Medicine clerkship report with the correction of the mid-clerkship review rating being changed from below expectations to met expectations and seconded. MSEC discussed and approved the motion.

The presented Internal Medicine annual clerkship review document is shared with MSEC Members via Microsoft Teams document storage.

3. Approval: M4 Elective – High-Yield Emergency Medicine

Please see the High-Yield Emergency Medicine Elective proposal form for additional information.

Andy Berry presented a new elective for M4 medical students. The High-Yield Emergency Medicine elective will be a two-week elective. The goal of the elective is to provide students with high-yield emergency patient presentations through lectures, practical skills training, and treatment of simulated patients. There will also be additional procedural-based training in emergency procedures with cadaver and emergency ultrasound. There will be no direct patient care for this elective.

Kortni Dolinger stated this had been reviewed and approved by Dr. Fox, Vice Dean of Academic Affairs.

A motion was made to approve the High-Yield Emergency Medicine elective and seconded. MSEC discussed and approved the motion.

The presented High-Yield Emergency Medicine elective document is shared with MSEC Members via Microsoft Teams document storage.

4. Approval: Pre-Clerkship Medical Student Scheduled Time and Workload Policy

Dr. Click presented the Medical Student Scheduled Time and Workload policy to MSEC members. Dr. Click commented the previous policy stated students would be scheduled for no more than an average of 28 hours per week. Dr. Click stated this has been lowered to 24 hours per week as this is the goal with the TRAILS curriculum. The updated policy also states that there should be at least 12 hours of unscheduled time each week so students may devote time to independent learning. Exceptions to this may be made for QCOM approved learning activities. Dr. Click stated there was one paragraph where she divided into numbered points to make it easier to read and added a lot of information around scheduled time, asynchronous learning activities, and time for independent study.

Dr. Henson commented that her only concern is the wording regarding the overall academic workload being 60 hours per week when there could be students who are spending more time than that. Dr. Henson stated the students may feel they shouldn't be spending more than the 60 hours per week and asked if there was a way to change the wording. Dr. Click agreed with Dr. Henson's concern and stated a statement could be added to item #4 under the (D.) *Activities of Policy/Procedure/process (start to finish)* heading. Dr. Olive suggested the wording be changed to "not expected to spend more than 60 hours a week; however, students may choose to do so" or something similar. MSEC discussed and Dr. Hayman suggested deleting #4 altogether. Both Dr. Click and Dr. Henson felt this would solve the issue. Discussion ensued and MSEC decided to delete #4 and change the wording in #3. Dr. Click stated she would make the changes to the policy and email to committee members for review and approval.

Voting to approve the Pre-Clerkship Medical Student Scheduled Time and Workload policy was tabled until the discussed changes could be made. Dr. Click will make changes to the policy and email to committee members for review and approval.

The presented Pre-Clerkship Medical Student Scheduled Time and Workload policy document is shared with MSEC Members via Microsoft Teams document storage.

5. Approval: M3 Attendance Policy and M4 Attendance Policy

Dr. Click presented the M3 Attendance Policy to MSEC members. Dr. Click stated a paragraph was added to the policy regarding other planned absences including but not limited to meetings and/or educational sessions being approved by the course director in advance. The paragraph also noted that an M3 Request Form would need to be submitted as there would be no release from clinical duties without prior approval.

Dr. Click also noted changes to the last sentence under the *Unexcused Absences and Consequences of Unexcused Absences* heading regarding the submission of a professionalism form noting it could impact the grade for the clerkship instead of the policy stating “receive a grade of Incomplete.”

A motion was made to approve the M3 Attendance Policy as presented and seconded. MSEC discussed and approved the motion.

Dr. Click presented the M4 Attendance Policy to MSEC members. Dr. Click stated a section on *Unscheduled Time* was added to the policy. Dr. Click commented that unscheduled time has been built into the M4 schedule but has not been specifically addressed in the attendance policy. Dr. Click also noted that a sentence was added under the heading of *Medical Absence* to clarify that medical absences are included in the number of days a student is permitted to miss during an elective or selective. Dr. Click noted the same language regarding planned absences, as discussed in the M3 Attendance Policy, was added to the M4 Attendance Policy. Dr. Click stated a Religious Observance section was added to the policy as this is listed in other policies pertaining to attendance. Dr. Click noted this policy did not have the paragraph regarding Unexcused Absences and Consequences of Unexcused Absences and was added to the policy.

A motion was made to approve the M4 Attendance Policy as presented and seconded. MSEC discussed and approved the motion.

The presented M3 Attendance Policy and M4 Attendance Policy documents are shared with MSEC members via Microsoft Teams document storage.

6. Approval: Comprehensive Clinical Science Exam (CCSE) / Comprehensive Clinical Science Self-Assessment (CCSSA) Exam

Please see Dr. Click’s presentations slides for additional information.

Dr. Click gave a slide presentation regarding the CCSE/CCSSA exams. Dr. Click stated that MSEC will be approving the CCSE, but she would like to update committee members on the CBSE since the results were discussed earlier in the meeting. Dr. Click stated an email will be going out to the M1 class this evening as there have been several questions from that class regarding the CBSE. Dr. Click stated that during the last two years, they have completed two administrations of the CBSE for M2 students, one in December and one in March in the legacy curriculum. Given the nature of how the pre-clerkship curriculum has changed, Dr. Click stated she had talked with Dr. Fox, Dr. Pierce, and Dr. Daniels about two administrations of the exam to the Class of 2026 and beyond. The first administration will be in May at the end of the M1 year with the second administration being in December at the end of their core pre-clerkship content before they go to study for Step 1. Dr. Click noted that the exam in May will be the Comprehensive Basic Science Self-Assessment exam that will be taken in the standard-paced option with a deadline for completion. The December CBSE administration will be the in-person and proctored.

Dr. Click stated the CCSE has not been administered to students before. Dr. Click noted the CCSE is the equivalent of the CBSE except it reflects content coverage for Step 2. Dr. Click stated they are proposing to administer the CCSE to M4 students at the beginning of the M4 year to help them prepare for Step 2. Dr. Click noted this was especially important for the Class of 2024 and beyond because they are the first group who will have a Pass/Fail Step 1. Dr. Click stated that since this is not already in the M4 schedule, the M4 class would complete the CCSSA this year in May with a deadline for completion and then beginning in 2024, it will be scheduled on the first day of Block 1 of their senior year.

Dr. Click stated since QCOM has not offered the CCSE or the CCSSA before, MSEC will need to approve the administration of the exam to M4 students. Dr. Click noted the reason behind administering these exams is to give students additional preparation for the Step 2 exam.

Helen Mistler asked if students will have the ability to review the questions after the exam. Dr. Click stated that students will receive scores back after the exam and will be able to see how they did in each content area, but students will not be able to review the questions. Dr. Click noted that these exams are from the NBME and the questions are protected.

A motion was made to approve the general process of administering the CCSE/CCSSA exams and seconded. MSEC discussed and approved the motion.

The presented CCSE/CCSSA exams presentation slides are shared with MSEC members via Microsoft Teams document storage.

7. Approval: Clinical Proficiency Competency Objective Structured Clinical Examination (OSCE) Graduation Requirements Policy

Dr. Click presented the Clinical Proficiency Competency Objective Structured Clinical Examination (OSCE) Graduation Requirements policy for MSEC review and approval. Dr. Click noted that MSEC recently approved having a permanent requirement for an M4 OSCE and this required changes to the current OSCE policy, which only referenced M3 students needing to complete this requirement prior to being promoted to the senior year. The name of the policy had to be changed to reflect the change from promotion to the senior year to a graduation requirement. Dr. Click noted the policy now reflects the requirement of the OSCE at the beginning of the M3 and M4 years. Dr. Click stated that she and Dr. Abercrombie are proposing that the M3 OSCE be formative in that there will be a requirement to take the OSCE but anyone who fails to demonstrate competency will receive formative feedback to improve their performance and have focused review meetings. Those students would also submit a targeted plan for improvement they can work on while in their clerkships. Dr. Click stated the M4 OSCE will be summative and must be passed prior to graduation. Those students who fail to demonstrate competency on this evaluation will require additional effort (remediation) to meet this competency.

Dr. Click noted this policy will be effective with the current 2023-24 academic year.

A motion was made to approve the Clinical Proficiency Competency Objective Structured Clinical Examination (OSCE) Graduation Requirements policy as presented and seconded. MSEC discussed and approved the motion.

The Clinical Proficiency Competency Objective Structured Clinical Examination (OSCE) Graduation Requirements policy is shared with MSEC members via Microsoft Teams document storage.

8. Approval: Inpatient/Ambulatory Time

Dr. Click presented the data for time spent in clinical activities and what percent of that time is spent in the inpatient and ambulatory setting during clerkships for MSEC's review and approval. Dr. Click noted this data is reviewed and approved annually by MSEC to ensure that students have adequate time in inpatient and ambulatory settings as a whole. Dr. Click stated this data has not changed from last year. Dr. Olive commented that the ambulatory time for Internal Medicine is 0% required, but students have the option to do clinic time and noted he has had third-year students with him over the past month. Dr. Click noted that Dr. Reece has it structured as required in-patient blocks and elective time for ambulatory. Dr. Click noted there is required ambulatory time in the fourth year.

A motion was made to accept the presented required inpatient/ambulatory percentages as being satisfactory and seconded. MSEC discussed and approved the motion.

The presented Required Clinical Activities and Percent Time of Inpatient and Ambulatory Settings document is shared with MSEC members via Microsoft Teams document storage.

9. Approval: End-of-Year Outcomes Subcommittee Summary

Please see the Institutional Outcomes Subcommittee Summary Report for additional data.

Dr. Click presented a summary of all the institutional outcomes benchmarks that were presented over the last year. Dr. Click stated that each one of our Institutional Educational Objectives (IEOs) is associated with many of the benchmarks to determine one of the ways we are meeting our IEOs. Dr. Click stated since MSEC has now approved a full year of reports from the Institutional Outcomes Subcommittee, that Kortni has done a nice job of looking at all the benchmarks, how many there are, how many we have met for each IEO, and how many we did not meet or only partially met. The majority of the benchmarks were met. The two benchmarks not met were Knowledge for Practice and Personal and Professional Development. The summary report lists the benchmarks not met and shows what MSEC did in red and what action MSEC took. Dr. Click pointed out that for the Knowledge for Practice benchmarks not met, the benchmark was changed due to not using the NBME and noted with the new benchmark, we would have met the benchmark. Dr. Click stated the benchmark for Personal and Professional Development 1 was not met due to students, who utilize mental health services, not being satisfied with the service and care. Dr. Click stated there were a lot of discussions held with Dr. Daniels who came to MSEC and gave a presentation on the changes in student support services. Dr. Click stated the Personal and Professional Development 2 benchmark was related to students recognizing and addressing personal stressors with 84% of students agreeing/strongly agreeing with this. Dr. Click noted there were recommendations previously, and these were focused on new learning community activities, which had not been fully implemented at that time. Dr. Click stated the Personal and Professional Development 4 benchmark was related to 95% of the matriculating students will complete the curriculum within five years. Dr. Click stated we were at 93.6% most recently and this is a rolling average. The Institutional Outcomes Subcommittee had recommended that we exclude the MPH students in the future. Dr. Click stated Dr. Olive had pointed out that this is higher than the national average and felt this benchmark may need to be adjusted.

Dr. Click reviewed the benchmarks that were partially met, Program Benchmark 6 and Program Benchmark 2. Dr. Click stated for Program Benchmark 6, the overall Match rate was 51%, which was considered partially met. Dr. Click asked if we should consider looking at them all individually in the future. Dr. Click stated for Program Benchmark 2, it was related to curricular questions in the Graduation Questionnaire where if greater than a 15% rating of poor overall dissatisfaction it would need to be reviewed. The two that were rated poorly were neurology and emergency medicine, which we do not have required courses for these, just electives. Dr. Click asked if we should only be looking at the required courses.

Dr. Click stated she felt we had taken adequate action on the benchmarks. Dr. Click noted that MSEC should make a determination if given our Institutional Outcomes whether we are meeting our Institutional Educational Objectives.

A motion was made that after reviewing our program outcomes as a whole, we are meeting our Institutional Educational Objectives and seconded. MSEC discussed and approved the motion.

The presented End-of-Year Outcomes Subcommittee Summary document is 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. Telephone contact is: 423-439-6233.

MSEC Meeting Dates 2022-2023: (Zoom meetings unless noted)

July 19, **2022** – 3:30 – 6:00 pm

August 16 – 3:30-6:00 pm

September 20 – 3:30-6:00 pm

October 18 – **Retreat** – 11:30 am-5:00 pm (**in-person**)

November 8 – 3:30-6:00 pm*

December 13 – 3:30-6:00 pm*

January 17, **2023 Retreat** – 11:30 am-5:00 pm (**in-person**)

February 21 – 3:30-6:00 pm

March 21 – 3:30-6:00 pm

April 18 – 3:30-6:00 pm

May 16 – 3:30-6:00 pm

June 20 - **Retreat** -11:30 am-3:00 pm (**in-person**)

June 20 - **Annual Meeting** - 3:30-5:00 pm (**in-person**)