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Medical Student Education Committee, East Tennessee State University

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Medical Student Education Committee, East Tennessee State University, "2023 May 16 - Medical Student Education Committee Minutes" (2023). *Medical Student Education Committee Minutes*. 188.
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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, May 16, 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	
Joel Danisi, MD	<u>SUBCOMMITTEE CHAIRS</u>
Jennifer Hall, PhD	Michael Kruppa, PhD
Russell Hayman, PhD	Keelin Roche, MD
Paul Monaco, PhD	
Jason Moore, MD	<u>ACADEMIC AFFAIRS STAFF</u>
Jerry Mullersman, MD	Chelsea Gilbert, MA, Staff
Antonio Rusiñol, PhD	Mariela McCandless, MPH, Staff
Amanda Stoltz, MD	Aneida Skeens, MPS, Staff
<u>STUDENT MEMBERS</u>	<u>GUESTS</u>
Michael Jacobs, M1	Leon Dumas, MMED
	Tyrone Genade, PhD
<u>EX OFFICIO VOTING MEMBERS</u>	Jameson Hirsch, PhD
	Amy Johnson, EdD
	Ryan Landis, MD
	Wendy Williams
	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 announcements.

Announcements:

- Faculty Development
 - Thursday, May 25, 2023 – 5:00-6:00 pm via Zoom
 - Demystifying the Promotion and Tenure Process by Dr. Karen Schetzina
- Family Medicine Customized Assessment Service
 - Will use a pass line based on two standard deviations below last year's mean. Other metrics for review will be based off that.
- June 20, 2023 MSEC Retreat Meeting and Annual Meeting – Medical Library Basement Classroom
 - Lunch will be served at 11:30 am. MSEC business meeting will be 12:00-3:00 pm
 - Annual meeting with course and clerkship directors will begin at 3:30 pm

- Teaching Opportunities
 - Doctoring 1 course director
 - IQ facilitators
- Committee Opportunities
 - CIS
 - M1/M2 curriculum review

1. Discussion: Evaluation Changes for Student Evaluation of Pre-Clerkship Course and Faculty

Due to a delay in some voting MSEC members joining the Zoom session, Dr. Click noted that agenda Item 2 would be moved up as this item will not require MSEC approval.

Dr. Olive noted he was presenting the findings of the Assessments and Outcomes Working Group on behalf of Dr. Karpa who could not attend the meeting. Dr. Olive stated he is part of the Assessments and Outcomes Working Group and they have been discussing the current student evaluation of faculty and course system and how to improve for several months. Dr. Olive stated the Assessments and Outcomes Working Group brought a proposal to MSEC on 2/21/23 requesting to change the evaluation system. No approvals were made at that time as additional information was requested by MSEC members.

Dr. Olive stated that the current evaluation system consists of all students evaluating every faculty member at the end of a course and therefore, the evaluation happens at times significantly removed from when a faculty member may have taught. One of the complaints from students is they often feel overwhelmed with getting a long list of people they have to evaluate at the end of the semester. The working group has looked at alternative ways for students to evaluate faculty that will provide feedback closer to the point when the teaching actually occurred and will reduce student survey fatigue, which is a significant problem that students complain of. The working group came up with a plan that would reduce the number of questions asked with questions being administered on a weekly basis to a group of 20 selected students to evaluate people who had taught that week. The evaluations would be available over the weekend. The following week, a different group of 20 students would be selected followed by another different group of 20 students for the next week. This would have students evaluating faculty about once a month or so just on what was covered during the previous week.

Dr. Olive noted when this was discussed at the 2/21/23 MSEC meeting, there was concern that the working group did not bring enough input. In particular, one of the concerns raised was what would be the impact of this on the junior faculty with respect to promotion and tenure. Dr. Olive stated they added two junior faculty members to the working group, and they have helped to think through this process. They compiled a survey that was sent to junior faculty members in the departments of Biomedical Sciences and Medical Education. The junior faculty had some interesting thoughts for how this might be approached. One thought was to have all students evaluate faculty midway in the course and at the end. Another thought was to have every student evaluate every session everyday so everything gets evaluated all the time. Dr. Olive stated when this was brought back to the working group, they thought this would not be a realistic approach as they did not feel they had the administrative staff to support this and it would markedly worsen student survey fatigue.

Dr. Olive stated the working group took the proposals to Dr. Singh and Dr. Schoborg to discuss their perspectives. They stated that this did not matter from a promotion and tenure perspective as they have other ways to evaluate student teaching other than student evaluations of faculty at the end of a course. Dr. Olive stated they then took the proposals to the leadership of the M1 class. They looked at the proposals and asked questions and liked the weekly approach by a subset of students. The proposals were then taken

to the Faculty Advisory Council for their review and they voted to support the idea of weekly evaluations by a subset of students with just six questions per faculty member. This would reduce student survey fatigue and gives the option of providing faculty members feedback fairly close to when they did the teaching. Dr. Olive stated they would need to set student expectations of when recommended changes would occur in the course they evaluate since faculty members will not receive feedback quickly. Dr. Olive stated the working group felt this proposal is the one that should be used moving forward. Dr. Olive noted that one thing that came up in previous discussions was whether to use a 4-point scale versus a 5-point scale for the questions and ultimately decided to switch back to a 5-point scale except for those that are an LCME required question and are an expected 4-point scale.

Dr. Monaco asked if on a given evaluation some of the questions would be on a 4-point scale and some on a 5-point scale. Dr. Olive stated that the questions at the end of the course would include the 4-point scale questions as these pertain to the end-of-course evaluations and evaluate the overall course quality, course organization, and course integration, which are the LCME required questions.

Several committee members raised concern of how changing the scale for questions to a 5-point scale might impact faculty who are going up for promotion and tenure when they were used to the 4-point scale and could be confusing for evaluators. Dr. Fox stated she had spoken to Dr. Singh, the Biomedical Sciences Chair, and she noted this would not be an issue as there are other aspects of the promotion and tenure guidelines that could be used and stated if this needed to be changed, she would convene a committee to look at the guidelines. Dr. Johnson noted that the Biomedical Sciences criteria around numbers on faculty evaluations say “and/or peer evaluations or chair evaluations” and believes that the guidelines are written broadly enough to where you would not need to rely on one piece of information.

Dr. Mullersman asked about student anonymity with the proposed evaluation recommendation in that students evaluating faculty on a weekly basis might make them feel vulnerable because they might be singling out the person they have been working with that week in small group sessions. Dr. Olive stated the intent is for the evaluations to be for large group sessions and not for small group sessions so student evaluations would still be anonymous.

Dr. Olive stated their recommendation was to implement weekly evaluations by a subset of students on faculty who taught that week. This change will begin with the new 2023-24 academic year. Dr. Click noted that the working group’s recommendation to implement this system for faculty evaluation will go to Dr. Fox. Dr. Click stated they are also recommending some changes to the end-of-course evaluations, but these are minor and will involve reducing the number of questions so it is shorter for students and reviewers. The meaning behind the questions and the same types of information that have been evaluated previously will still be kept. Dr. Click stated these minor changes will be brought back to MSEC possibly next month for review.

No voting action required.

2. Approve: Minutes from the MSEC Meeting – April 18, 2023

Dr. Click noted that a quorum was present. Dr. Click presented and asked for comments/corrections to the April 18, 2023 meeting minutes, which were distributed to MSEC members via email on Friday, May 12, 2023.

A motion was made to accept the April 18, 2023 meeting minutes and seconded. MSEC approved the motion.

The MSEC meeting minutes for April 18, 2023 are shared with MSEC Members via Microsoft Teams document storage.

3. Report: M1/M2 Review Subcommittee

EQUAL Professional Immersion

Please see the EQUAL Professional Immersion Annual Review Report for additional data.

Dr. Kruppa presented a review for the EQUAL Professional Immersion course. Dr. Kruppa noted this was the first iteration of the EQUAL Professional Immersion course. Dr. Caroline Abercrombie is the course director. The reviewers were Dr. Melissa Robinson and Suzanna Camp, M1.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery, and Environment: Educational methods **met expectations**. Student satisfaction with the learning environment **exceeded expectations** with 100% of students being satisfied. Course content integration **exceeded expectations** with 94% of students being satisfied.
- Assessment, Feedback, and Grading: Formative assessment and feedback to students **met expectations**. There is no narrative assessment required in this course. Fairness and transparency of grading **met expectations**; however, it was noted that 23% of students rated the course grading transparency as unclear, and the subcommittee stated this should be evaluated for the Class of 2027.
- Educational Outcomes: Grade breakdown **exceeded expectations** with a 100% pass rate. There is no NBME exam for this course.
- Student Feedback: Student satisfaction with overall course quality (100%), course organization (92%), and teaching quality (100%) **exceeded expectations**. Course instructors receiving an overall satisfaction score of $\geq 3.0/4.0$ **met expectations**.
- Previous Reviews: Since this is the first year for this course design, there are no previous changes to take into consideration. Appropriate changes were made as the course progressed.

Strengths of the Course

- Student Comments:
 - Students appreciated introduction to the curriculum, learning environment, and instructional methods including SP's.
 - Students liked having time to get acquainted with each other and their learning communities.
 - Leo, while difficult to navigate, was good for providing logistical information and helping students understand pre-work and attire expectations before arriving at class.
 - Assessments were low-stakes, although students were not always clear what would be assessed.

Weaknesses of the Course

- Student Comments
 - Leo is difficult to learn and navigate.
 - Students wanted an earlier discussion of curriculum details and expectations.
 - The time commitment across the full two weeks needed to be balanced, instead of front-loading the first two days.
 - A map of campus would be appreciated.
- Comments from Course Director:
 - Students had a lot of questions about the curriculum, and I think it would be best not to delay this session until day two.
 - Students appreciated Leo, but despite being emailed guidance, they still yearned for more training. I do not think D2L will be used as much in the future, but the introduction will be best if aligned with Foundations to Medical Knowledge plans. I think having Academic

Affairs to work with course directors to make sure D2L/Leo tutorials are readily available through their content to meet the needs of their courses as these adjust.

- Despite a clear outline in the syllabus and gradebook, and in the introduction of the class, students missed that everything was participation based. I may consider an intro video and/or quiz as prep work.

Recommended Changes to the Course Director

The reviewers appreciated the course director's thorough self-study and noted that she has already made excellent plans for changes that will address the student concerns, as follows:

- After reviewing the course numeric evaluation score for General Course Organization and student comments for Course Content and Organization, are you planning to make changes to course content or organization?
 - Yes, a map of campus highlighting the building was a great suggestion.
 - We will look to try more equally distribute the hours across the two weeks. Specifically, we will look at the first two days to see if the orientation sessions can be spread out more and/or shifted into active learning sessions.
 - Passport to Learning sessions will shift to reflect changes in the Foundations to Medical Knowledge (FMK) course.
 - Look to Academic Affairs for additional tutorial options for Leo.
 - The Passport to Quillen was intended to serve as a “tour of campus” and an introductory session about the curriculum; Dr. Jean Daniels’ session was intended to help guide students on study tips and approaches. It may be more beneficial to have this session on Monday and make sure we communicate that intent to the students.
- If yes, how do you plan to communicate changes to faculty and other course directors to maintain content coordination?
 - Communicate plans and feedback to session leaders and FMK course directors.
 - Provide map of campus with locations of buildings for both “Passport” sessions highlighted.
 - Provide list of printing locations through Passport session.

Recommendations for MSEC: None.

A motion was made to accept the M1/M2 Review Subcommittee EQUAL Professional Immersion course report as presented and seconded. MSEC discussed and approved the motion.

The presented EQUAL Professional Immersion annual course review document is shared with MSEC Members via Microsoft Teams document storage.

Immunology and Hematology Course

Please see the Immunology and Hematology Annual Review Report for additional data.

Dr. Kruppa presented a review for the Immunology and Hematology course. Dr. Russell Hayman and Dr. Robert T. Means are the course directors. The reviewers were Dr. Michael Kruppa and Jennifer Osher, M1.

- Goals, Outcomes, and Objectives: **Met expectations.**
- Content, Delivery, and Environment: Student satisfaction with educational methods (91%), the learning environment (97%), and course content integration **exceeded expectations.** It was noted that Dr. Hayman is currently identifying course content that should be changed between Immunology and Hematology and FMK for better sequencing of the curricula.
- Assessment, Feedback, and Grading: **Met expectations.**

- Educational Outcomes: Grade breakdown **exceeded expectations** with all 78 students passing. This course uses a custom NBME exam with 92.3% of students passing the final exam. There were 60% of students who scored above the mean for item difficulty.
- Student Feedback: Student satisfaction with course quality (92%), course organization (92%), and teaching quality (96%) **exceeded expectations**. There were no instructors who received a score below 3.0, which **met expectations**.
- Previous Reviews: There were no previous reviews for this course as this is the first iteration of the course.

Strengths of the Course

- Student Comments:
 - The quality and knowledgeable faculty, the course structure being easy to follow, the handouts and associated videos, the practice questions, the clear objectives, and the flexibility of changing things to make the course flow better.

Weaknesses of the Course

- Student Comments:
 - Most of the identified weaknesses involved providing additional resources such as more pre-work videos and practice questions. In addition, students offered ideas on how to improve the organization by moving some sessions around to other areas. Students also mention that the last week was rushed and that more study days ahead of the final would be beneficial.
- Comments from Course Director:
 - I agree with these comments. In particular, due to these comments, we will rearrange some sessions to better fit the course flow of materials.

Recommended Changes to the Course Director: None at this time. Dr. Hayman has already identified changes in the sequencing organization of the course to be implemented in the coming year.

Recommendations for MSEC: None at this time.

A motion was made to accept the M1/M2 Review Subcommittee Immunology and Hematology course report as presented and seconded. MSEC discussed and approved the motion.

The presented Immunology and Hematology course review document is shared with MSEC Members via Microsoft Teams document storage.

Doctoring 1-TRAILS

Please see the Doctoring 1-TRAILS Annual Review Report for additional data.

Dr. Kruppa presented a review for the Doctoring 1-TRAILS course. Dr. Jerry Mullersman is the course director. The reviewer was Dr. Leon Dumas.

- Goals, Outcomes, and Objectives: **Met expectations**.
- Content, Delivery, and Environment: **Met expectations** with 87.5% ++ satisfied with educational methods, 87.2% satisfied with learning environment, and 87.2% satisfied with course content integration.
- Assessment, Feedback, and Grading: **Met expectations** with 93.6% satisfied with formative assessment and feedback, 87.2% satisfied with narrative assessment, and 91.1% satisfied with grading transparency.
- Educational Outcomes: There is no NBME exam for this course.
- Student Feedback: Student satisfaction with teaching quality (88.4%) **met expectations**. Student satisfaction with overall course quality (80.8%) and course organization (73%) were **below**

expectations. Course instructors receiving an overall satisfaction score of $\geq 3.0/4.0$ **met expectations.**

- Previous Reviews: There were no prior recommendations.

Strengths of the Course

- Student Comments:
 - The students gave positive comments on the effectiveness of the faculty and standardized patients in providing instruction.
 - It is a very unique opportunity that we get as Quillen students, and it has given me the chance to apply classroom content to real clinical scenarios. Everyone I have been in contact with has been timely with responses and receptive to scheduling changes.
 - I assume this is for clinical precepting. I absolutely loved it and it's amazing being in a clinic and recognizing information we know and learned in class!! I enjoy the real-world application opportunities.
 - Clinical and community experience has really brought everything together. Utilizing the things we learn in class in a clinical setting is a testament to the effectiveness of our pre-clinical education, as well as a reminder to us of why we do what we do in medical school.
 - My precepting experience allowed me to reinforce some of the content I had learned in my didactic coursework. It also provided me with a first-hand look at the area of medicine in which I hope to work someday. The area of medicine in which I hope to work someday is a somewhat highly specialized field, so I was very excited to be placed with a preceptor in this specialty as I was not expecting to be able to have this opportunity. I think that they did an excellent job at matching students with preceptors.
 - I enjoyed the opportunity of getting to apply the sciences I am learning in class to real life patients. Furthermore, I enjoyed the opportunity to work with a physician who could help me establish the clinical correlations with the material I am learning in class.
 - Great opportunities to apply knowledge in a real-world setting.
 - It has afforded me the opportunity to practice the daily grind of being a doctor in safe environment which is invaluable experience.

Weaknesses of the Course

- Student Comments:
 - The students expressed some concerns about the complexity of the course, organization and sequencing of the components of the physical exam skills module, and intensity of assessment toward the end of the semester. Some students expressed doubt as to whether the clinical preceptorship experience is worthwhile at such an early phase of their training.
 - With our new curriculum, I have not gained the skills needed for charting/exams to actually benefit from precepting at this point. I have just shadowed so far. Consider moving starting precepting to AFTER we have gained the skills to actually apply them.
 - Less doctoring/physical exams skills with standardized patients and more time with physicians might be beneficial. OSCEs are useless, testing memorization of a routine with no knowledge behind it. Would be better to just have more time learning from doctors who can teach their fields well.
 - It may be better to provide more time first semester for PES and basic skills before we begin precepting. Because our skills were so limited, we were basically just shadowing. Which is valuable, but less involved and not the best use of time.
 - The doctoring physical exam skills portion of the course felt pretty disorganized. We did more than half the checklist exam skills less than a week before the final OSCE. We also had both our course final and anatomy practical the same week. I would say we could do the final OSCE at least a couple weeks earlier-- maybe around the time

we do our communications OSCE in November. It would just spread things out more and not have it crammed into the final week of the semester. At the very least, having every ear, facial, and eye exam skills taught to us six days before the final was not ideal and 100% needs to be changed next year.

- Having a larger variety of specialties represented by preceptors would allow students to be better matched with their interests (I know this can be difficult to achieve). It would be beneficial if my preceptor was more familiar with my level of education at the time I was rotating with him (i.e., if he was aware that I was a first-year medical student and not a third-year).
 - I was informed about who my preceptor would be shortly before the experience was scheduled to begin.
 - Move the start of clinicals to AFTER we have actually learned the skills. It would be nice if we were notified beforehand that we were not matched with a physician within a specialty we asked for before being matched to another physician.
 - I think sometimes it is difficult to coordinate times to precept. My preceptor was not free on either day we were supposed to precept, and it was pretty difficult to reschedule. I know it is a lot, but maybe seeing if the physicians are able to have a medical student/if their schedule allows it could be helpful in making precepting more smooth.
- Comments from Course Director:
 - o Because the course is actually composed of several mini-courses (several of which communicate with the students through D2L sites and email independent of the course director), it's difficult to organize the course in a way that appears integrated to the students. The expectation that almost all the course sessions be scheduled on Thursday afternoons per the model weekly schedule creates unfortunate logistical issues and sequencing issues.

Recommended Changes to the Course Director:

1. The general consensus is that the course has been exceptionally well received with overall satisfaction plus very satisfied scores adding to a value in the high-80's to mid-90% bracket. As far as recommendations, there is therefore not much to add!
2. The students are mostly very grateful for the opportunity to integrate their newly acquired academic knowledge into clinical practice. As can be expected, there is some irritation that a comprehensive skill-set of clinical has not yet been provided this early on in their schooling. This is, however, simply not possible and they have still to realize that these skills take years to acquire. I don't believe that the course can do much to improve this, although we can always strive to do more.
3. The one actionable concern that has raised is that the course organization could be improved. The complexity surrounding the organization involved is clearly understood, but the student request improvement is not unreasonable.

Recommendations for MSEC: The course director would also like to pass on the following comment to MSEC: The placement of Physical Exam Skills sessions mainly on Thursday afternoons, according to the TRAILS model weekly schedule, causes logistical challenges and difficulties with sequencing of sessions. Permission to schedule Physical Exam Skills sessions on a different day of the week is needed in order to help improve the organization/implementation of the course.

⁺⁺ Dr. Mullersman, after reviewing the subcommittee course review (before approval by the M1/M2 Review Subcommittee) noted the statistics for this question is incorrect. This has been corrected in this amended report. The percentages that have been given in the questionnaire wrongly assumed that there were 78 respondents to this question. If one, instead, uses 56 as the denominator, then the 49 students rating this

question as “Agree” or “Strongly Agree” represent 49/56 or 87.5% of the students who answered the question. Which in turn would indicate it meets expectations.

Due to not meeting expectations in students’ assessment of course organization and course quality under the student feedback element, we recommend a CQI be prepared by the course director to be implemented for the upcoming year. These likely reflect in class satisfaction and not clinical and community experience (see below).

Of Note: Not mentioned in the above rubric table: Clinical and community experience objectives were clearly defined: 89.9% of students were satisfied or very satisfied; clinical and community experience content integrated principles learned in other courses: 96.2% of students were satisfied or very satisfied; preceptor instructional methods supported learning, understanding and integrations of the clinical experience: 98.8% of students satisfied or very satisfied; quality of teaching in the clinical and community experience: 97.5% of students were satisfied or very satisfied; general course organization off CCE: 93.7% of students were satisfied or very satisfied.

Dr. Mullersman commented that since the report was written, there has been reformulation of the fall semester in terms of FMK and how it will be organized. Dr. Mullersman stated that physical exam skills will be better aligned with anatomy, which is the key element. Dr. Mullersman stated there is more latitude for having the physical exam skills sessions occur on other days of the week and noted there would be positive benefits come from this such as having some of the testing for physical exam skills occur earlier in the semester and give students more opportunity to practice and get ready for OSCES. Regarding the clinical preceptorships, Dr. Mullersman stated there was a debate of whether to have the students do preceptorships in the first semester or not as students have not completed physical exam skills and are only able to shadow the preceptors instead of having a hands-on experience. Dr. Mullersman stated it was his understanding that there would not be a clinical preceptorship opportunity this coming fall.

Dr. Click noted that the separate evaluation for the preceptorship component has been discussed in the working group and there are plans to eliminate this separate evaluation of just that component. Students will still evaluate their preceptor, but it will be included in their overall Doctoring 2-TRAILS and Doctoring 3-TRAILS evaluations.

A motion was made to accept the M1/M2 Review Subcommittee Doctoring 1-TRAILS course report as presented with a CQI Plan to be submitted to MSEC at the June 2023 meeting and seconded. MSEC discussed and approved the motion.

The presented Doctoring 1-TRAILS annual course review document is shared with MSEC Members via Microsoft Teams document storage.

4. Report: M3/M4 Review Subcommittee

Surgery Clerkship

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

Dr. Roche presented a review for the Surgery Clerkship. Dr. Trevy Ramos is the clerkship director. The reviewers were Dr. Russell Hayman and RJ Black Leach, M4.

- Goals, Outcomes, and Objectives: Clerkship objectives supporting the Quillen College of Medicine Institutional Educational Objectives and/or Entrustable Professional Activities and clerkship objectives are assessed and **met expectations**. The educational event objectives supporting the clerkship objectives was **below expectations**. It was noted that the didactic schedule is provided in

Leo and on paper, but the sessions are not listed objectives and are not listed with a link to course objectives. The clerkship director plans to work on this over the next year.

- Content, Delivery, and Environment: Student satisfaction with educational methods, faculty and resident ability to teach, and satisfaction with the learning environment **met expectations**. Student satisfaction with resources at each site was **below expectations** as student evaluations noted competition with PA, DO, and M4 students at every site.
- Assessment, Feedback, and Grading: Feedback provided to students (90.6%) **exceeded expectations** while mid-clerkship formative assessment, fair and transparent grading, and timeliness of grades **met expectations**.
- Educational Outcomes: Grade breakdown **exceeded expectations**. NBME exam performance for 50% of students scoring at or above the national mean on the NBME or other nationally normed exam was **below expectations**. There were 22.58% of students who scored at or below the 5th percentile on the NBME or other nationally normed exam, which was **below expectations**.
- Student Feedback: Student satisfaction with course organization (90.6%) and teaching quality (93.7%) **exceeded expectations**. Student satisfaction with overall course quality (87.5%) and satisfaction with quality of attending teaching (87.5%) **met expectations**.
- Previous Reviews: **Met expectations**. It was noted that the clerkship met all areas of the prior CQI Plan. It was also noted that, per the clerkship director self-study, there are two new attendings at BRMC accepting only ETSU students and this has increased student satisfaction with BRMC. Comments about the BRMC site are positive toward attendings but still mention crowding as an issue. Residents have fewer negative evaluations from students than in prior years and the didactic sessions have been decreased to five days.

Strengths of the Clerkship

- Student Comments:
 - Resident and attending teaching quality and personal characteristics
 - Didactics week
 - Independence and autonomy
 - OR time and procedures
 - 24-hour call shifts
 - Diversity of cases and surgery modalities

Weaknesses of the Clerkship

- Student Comments:
 - Too many students at sites
 - Students mention problems with PA students crowding at BRMC
 - W/L crowding with DO and PA students
 - Multiple comments about home and away M4 competition for cases on ACS/trauma and VA.
 - VA mentioned as unable to handle three students
 - JCMC mentioned as overcrowded
 - Residents and attendings perceived as dismissive of students and/or uninterested in teaching.
 - Feedback: Some students asked that mid-clerkships contain more attending and resident feedback so that they could use the information to help their performance.
 - One student mentioned that it would be helpful to be able to see evaluations from residents as they come in to fix performance.
 - Customizable assessment
- Clerkship Director Comments:
 - There are too many students at each rotation site when our clerkship exceeds 10 students.

Recommended Changes for the Clerkship Director

- The clerkship director's planned changes:

- o The ACS modules are not mandatory but recommended prior to many of the lectures. This will not change.
- o We are likely eliminating the NBME customizable assessment as most did not find useful and I did not find it helpful to progressing within the clerkship.
- o Improve the schedule so it is more clear on the delivery timing of content.
- o I'm having a meeting with our dept leadership to discuss:
 - The future of our didactic delivery to be more geared towards passing the shelf since we are having so many failures.
 - Increase in MS3 number impact on ability of attendings to offer robust clerkship experience
- o For now, the proposed potential changes to the didactic material for the next academic year:
 - Eliminate NBME customizable assessments
 - Require documentation of 50 UWorld questions per week – completion is 10% of grade
- o Addendum 4/18/23:
 - ACS modules prior to lecture by corresponding attendings
 - AFTER week 1, each week there will be an ACS module to be completed and will be a 10-question quiz that is graded for completion from the ACS content
 - Requiring documentation of 50 UWorld questions per week – completion is 10% of grade
 - Eliminating NBME customizable assessments this year
- Reviewer recommended changes:
 - o Agree with clerkship director's planned changes
 - o Allow students access to feedback submitted by attendings/residents in Leo at mid-clerkship review or as individual feedback comes in
 - Prior year students could view resident and attending evaluations in New Innovations as they were received. This allowed them to use feedback to improve their performance. This is a clerkship wide problem which could be changed.
 - o Some negative student comments may reflect difficulty adjusting to clerkships. Suggest adding additional session on adjusting to clerkships for first period students only to clarify student expectations for resident/attending behavior on a busy service
 - o A few students mentioned willingness to do night shifts. Could consider offering optional night shift site option to any student interested in the experience prior to assigning sites to help offload crowding on student sites.

Issues Requiring MSEC Action

- Continued need for CQI due to the following areas being below expectations:
 - o Educational event objectives support clerkship objectives
 - o Resources at each site support an effective learning environment
 - o NBME performance (both national mean and below 5th percentile)
- Per Clerkship Director: "There are going to be more students coming to each rotation for 2023-24 and this will likely result in subpar clinical experiences and decreased satisfaction scores for our clerkships." and the M3/M4 Review Subcommittee agrees
- 2021-22 areas below expectations (BE) which required CQI:
 - o Students are satisfied with learning environment: BE 79.49% - MET
 - o Students are satisfied with clerkship quality: BE 82.05% - MET
 - o Students are satisfied with teaching quality: BE 79.49% - MET

A motion was made to accept the M3/M4 Review Subcommittee Surgery Clerkship report as presented with a CQI Plan to be submitted to MSEC for review and seconded. MSEC discussed and approved the motion.

The presented Surgery Clerkship annual course review document is shared with MSEC Members via Microsoft Teams document storage.

5. Approval: M4 Year Requirements Policy

Dr. Click noted there is no longer a quorum available for voting purposes, but the proposed changes to the M4 Year Requirements policy will be reviewed and discussed as it is important. Dr. Click stated an email with the policy, along with supporting documents and a clip of this discussion, will be sent to MSEC members for review and electronic vote.

Dr. Click stated with the pre-clerkship curriculum being shortened and the clerkships moving up, this has created significantly more time in the M4 year as the clerkship year will end the first of March. This would leave 22 weeks of unstructured and unscheduled time in the fourth year. One of the benefits of moving the curriculum forward is the M4 students can do more rotations related to the specialty of interest. Dr. Click stated they are suggesting several changes to the curriculum requirements for the M4 year beginning in 2024-25. To help members better understand the proposed changes noted in the policy, Dr. Click presented a table showing the current requirements and the proposed requirements. Selectives would go from 8 weeks to 10 weeks, electives would go from 22 weeks to 28 weeks, summative OSCE from being scheduled across several blocks to a 2-week block, Keystone course from 3 weeks to 4 weeks, and unscheduled time remaining at 14 weeks. The current total number of weeks is 47 with 33 weeks of requirements. The proposed total number of weeks will be 58 with 44 weeks of requirements. The maximum weeks in one specialty will change from 16 weeks to 20 weeks and individually arranged electives will change from one elective up to 4 weeks and two electives up to 8 weeks.

Dr. Click noted the 2024-25 Academic Calendar was also updated to reflect the proposed changes.

Dr. Mullersman asked if these proposed changes were consistent with Tri-TRAILS requirements and Dr. Click stated they are consistent. Dr. Click noted the only requirements for Tri-TRAILS are the selective requirements and Tri-TRAILS already had extra ambulatory time above what the current selective was.

Voting for this agenda item will be done electronically due to the loss of a quorum.

The presented 2024-25 M4 Senior Requirements documents are shared with MSEC Members via Microsoft Teams document storage.

ADDENDUM

Aneida Skeens emailed the M4 Year Requirements policy with the proposed 2024-25 academic year changes to MSEC members on Thursday, May 18 for review and electronic vote.

The 2024-25 academic year changes to the M4 Year Requirements policy was approved electronically by MSEC members on Tuesday, May 23, 2023.

6. Approval: Proposal for New Benchmarks

This agenda item was tabled due to the loss of a quorum and will be emailed to MSEC members for review and electronic vote.

ADDENDUM

Aneida Skeens emailed the proposed new benchmarks document to MSEC members on Thursday, May 18 for review and electronic vote. The document included current benchmarks, proposed changes, and rationale for the changes.

Updated benchmarks include:

- Personal and Professional Development 1: 85% of students who utilize Student Mental Health Services will report being at least satisfied with services and care provided as reflected by the M4 retrospective responses.
- Program Benchmark 2: Curricular questions pertaining to courses/clerkships we have in our curriculum with a poor overall dissatisfaction rating of 15% or higher (on GQ) will be targeted for a review to identify where a topic is addressed within the curriculum and determine if it is covered adequately or if there are gaps in the curriculum.
- Program Benchmark 4: 85% of matriculating students will complete the curriculum within 4 years.
- Program Benchmark 6: QCOM graduates will obtain PGY I residency positions in Primary Care (defined as family medicine, internal medicine, pediatrics, and OB/GYN) above the national match rates for U.S. MD Seniors for these combined specialties.

The proposed new benchmarks were approved electronically by MSEC members on Tuesday, May 23, 2023.

7. Approval: M4 Electives

This agenda item was table due to the loss of a quorum and will be discussed at the June 20, 2023 MSEC Retreat meeting.

The MSEC meeting adjourned at 4:54 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**)