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Medical Student Education Committee Minutes

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2024 March 19 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

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The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met for a meeting on Tuesday, March 19, 2024 via Zoom.

Members Present

<u>Faculty Voting Members</u>	<u>Subcommittee Chairs</u>
Ivy Click, EdD, Chair	James Denham, MD – Institutional Outcomes
Caroline Abercrombie, MD	
Martha Bird, MD	<u>Academic Affairs Staff</u>
Jean Daniels, PhD	Mariela McCandless, MPH
Thomas Ecay, PhD	Aneida Skeens, MPH
Jennifer Hall, PhD	Ben Smith, BBA
Russell Hayman, PhD	
Paul Monaco, PhD	<u>Guests</u>
Antonio Rusinol, PhD	Patti Amadio, MD – Assist Prof Dept. of Medical Education
	Reid Blackwelder, MD – Assoc Dean for Graduate Medical Education and Continuing Education
<u>Student Voting Members</u>	Michelle Duffourc, PhD – Prof Biomedical Sciences
Helen Mistler, M3	Aleksandr Fuks, MD – Prof/Chair OB/GYN
Andrew Hicks, M4	Jennifer Gibson, MD – Prof/Pediatric Junior Clerkship Director
	Jameson Hirsch, PhD – Prof Psychiatry
<u>Ex Officio Voting Members</u>	Deidre Johnson, EdD – Assist Prof Student Services
Melissa Robinson, MD	Ryan Landis, MD – Assist Prof Surgery
Amanda Stoltz, MD	Skyлар Moore, MPH – Rural and Community Programs Administrator
	Robert Schoborg, PhD – Prof/Chair Dept of Medical Education
<u>Ex Officio Non-Voting Members</u>	Tory Street, MPH, EdD – Assist Dean for Admissions and Records
Beth Anne Fox, MD	Doug Thewke, PhD – Prof Biomedical Sciences
Kenneth Olive, MD	
Deidre Pierce, MD	
Rachel Walden, MLIS	

Meeting Minutes

Dr. Click opened the meeting at 3:30 pm.

Consent Agenda Item

Item Number	Notes
1. February 20, 2024 MSEC Retreat Meeting Minutes	Minutes reviewed by MSEC members prior to meeting.
Motion	MSEC approved the February 20, 2024 MSEC Retreat meeting minutes.

The MSEC Consent Agenda Items are shared with MSEC Members via Microsoft Teams document storage.

Action Agenda Items

Agenda Item 1 – Proposal/Approval: Institutional Outcomes Subcommittee Recommendations for Personal and Professional Development Benchmarks	
Presentation	<p>Dr. Click reminded MSEC members that they voted at the December 12, 2023 meeting to ask the Institutional Outcomes Subcommittee to review Personal and Professional Development Benchmarks and potentially make changes to those benchmarks and bring back recommendations to MSEC.</p> <p>Dr. Denham stated that the Institutional Outcomes Subcommittee met to review the Personal and Professional Development Benchmarks. Dr. Denham stated there were two benchmarks kept, one benchmark was removed, and one new benchmark was added. Dr. Denham noted the benchmark that was removed was Personal and Professional Development 1 (<i>85% of students who utilize Student Mental Health Services will report being at least satisfied with service and care provided</i>) as the subcommittee felt it did not align with the Personal and Professional Development Institutional Educational Objectives. The benchmarks kept were Personal and Professional Development 2 (<i>at least 90% of students will report being at least adequately prepared to recognize and address personal stressors during medical school</i>) and Personal and Professional Development 3 (<i>at least 90% of students will report being at least adequately prepared to recognize and address academic challenges during medical school</i>). Dr. Denham stated they were able to find a measurement through the Residency Program Director Summary where program directors rated the residency interns on “Admitted one’s own errors and accepted responsibility for personal and professional development.” Dr. Denham stated this was the only measure they could find information to use regarding professional development.</p>
Motion	A motion was made to approve the Institutional Outcomes Subcommittee’s recommended changes for Personal and Professional Development Benchmarks as presented and seconded.
MSEC Discussion	None
Outcome	MSEC approved the motion.
Pertains to LCME Element(s) [if applicable]	8.3 – Curricular Design, Review, Revision/Content Monitoring 8.4 – Evaluation of Educational Program Outcomes

Follow-Up Discussion and/or Action Item	None
Who Responsible	N/A
Date Report/Update Due to MSEC	N/A

The Institutional Outcomes Subcommittee document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 2 – Discussion: Pediatrics NBME Scores	
Presentation	Dr. Click reminded MSEC members of their request at the February 20, 2024 MSEC meeting of asking Dr. Gibson to report the changes being made to improve the NBME Pediatric scores.

	<p>To reassure MSEC members, Dr. Gibson reviewed the NBME national average for pediatrics and the student scores. Dr. Gibson noted the national average was 77.8 so when she was looking at student scores to go above the national average, she was looking at 78 or above. Dr. Gibson stated for this academic year, looking at 78 or above, pediatrics was 36.4% above the national average and was at 28% last year so there has been improvement from last year. Dr. Gibson stated if she uses the scores that are at 77 (0.8 below the national average), pediatrics is at 46%. Dr. Gibson stated if you take the 76, 77, and 78 and above scores, pediatrics is at 50% and feels they are within a couple of questions of having the majority of students at or above the national average. Dr. Gibson stated she felt better looking at those numbers and feels they are trending in the right direction. Dr. Gibson stated she is hopeful that going back to the six-week clerkships will be helpful as a lot of students expressed to her last year that the five-week turnaround time was really hard to get all the clinical experiences and to get what they needed as far as studying accomplished.</p> <p>Dr. Gibson stated she has audited the shelf-exam herself to get a sense of where they were. Dr. Gibson feels they are doing a good job of covering the topics. Dr. Gibson stated when she meets with the students for their mid-clerkship reviews, she asks students how they are studying, what resources they are using, and how they are preparing. Based on how they are doing on their quizzes and what they have told her, she will tailor some additional resources or recommendations to them as applicable.</p>
Motion	None
MSEC Discussion	None
Outcome	MSEC members were updated on Dr. Gibson’s changes she is making in the Pediatrics Clerkship to improve the NBME scores.
Pertains to LCME Element(s) [if applicable]	8.1 – Curricular Management 8.3 – Curricular Design, Review, Revision/Content Monitoring

Follow-Up Discussion and/or Action Item	None
Who Responsible	N/A
Date Report/Update Due to MSEC	N/A

Agenda Item 3 – Approval: Change to Suture and Punch Biopsy Procedure for BRIDGE (alternative to punch biopsy requirement)	
Presentation	<p>Dr. Click stated that at the January 16, 2024 MSEC meeting, the 2024-25 required Patient Procedures and Types list for the third-year medical students was approved by MSEC. Dr. Click stated one of the procedures was approved as suture and punch biopsy that would occur during the BRIDGE to Clinical Clerkships course; however, not all students were able to perform the punch biopsy.</p> <p>Dr. Abercrombie stated the punch biopsy procedure was inadvertently included in the list that MSEC approved in January and requested MSEC remove the procedure from the required list.</p>

	Dr. Click stated a motion was needed to remove the punch biopsy requirement or a motion to keep it with an alternative suggestion of how students could complete the requirement.
Motion	A motion was made to remove the required punch biopsy procedure from the required Patient Procedures and Types list for the 2024-25 annual year and seconded.
MSEC Discussion	<p>Dr. Olive noted this raises the point of needing to be careful of the procedures we put on the Patient Procedures and Types list. Dr. Olive stated if we are going to say something is required then we should have the belief that it is essential for somebody who is training as a physician to have the experience. Dr. Olive stated that he does not disagree with the motion at hand but moving forward, we should think about whether a procedure is essential when talking about requirements.</p> <p>Dr. Click agreed with Dr. Olive’s comments and stated that this may have been a miscommunication with Dr. Abercrombie wanting the punch biopsy procedure removed from the list before MSEC voted on it. Dr. Click iterated that we should be paying close attention to the diagnoses and procedures on the list.</p>
Outcome	MSEC discussed and approved the motion.
Pertains to LCME Element(s) [if applicable]	<p>6.2 – Required Clinical Experiences</p> <p>8.1 – Curricular Management</p> <p>8.3 – Curricular Design, Review, Revision/Content Monitoring</p>

Follow-Up Discussion and/or Action Item	None
Who Responsible	N/A
Date Report/Update Due to MSEC	N/A

Agenda Item 4 – Update: Noise in the Classroom	
Presentation	Dr. Click reminded MSEC members of the discussion held at the October 17, 2023 Retreat meeting regarding noise in the classroom. Dr. Click stated several things were discussed including what the root cause is of the classroom being too noisy and ways to address the noise issues.
Motion	None
MSEC Discussion	<p>A general discussion ensued and MSEC members felt noise in the classroom remains an issue but improvements have been made.</p> <p>Dr. Pierce noted that a new classroom is being planned in Building 2. The third floor will be renovated with half of the space being a classroom. Dr. Pierce stated that a committee will work on recommendations for the space. Dr. Pierce stated the classroom is supposed to be approved by the State during the first week of April. Once approved, a budget will be available and plans can begin. Dr. Pierce stated that hopefully, it can be completed within a year.</p>
Outcome	MSEC members received an update regarding noise in the classroom.
Pertains to LCME Element(s) [if applicable]	

Follow-Up Discussion and/or Action Item	None
Who Responsible	N/A
Date Report/Update Due to MSEC	N/A

The Noise in the Classroom document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 5 – Report: TRAILS and Student Success Task Force – Tuesday/Thursday Scheduling, Integrated Assessments, and IGR Recommendations	
Presentation	<p>Dr. Click stated MSEC members approved a number of recommendations from the TRAILS and Student Success Task Force report at the February 20, 2024 Retreat meeting but were not able to review three of the recommendations. Recommendations being discussed today are: Tuesday and Thursday Scheduling, Integrated Grand Rounds (IGR), and Integrated Assessments. Dr. Click noted that IPE will be discussed at the April MSEC meeting as Dr. Cross was not able to attend today’s meeting.</p> <p>Dr. Olive reviewed the recommendations from the TRAILS and Student Success Task Force for IGR, which included:</p> <ol style="list-style-type: none"> 1. Eliminate the activity from the curriculum. 2. This activity has been beneficial in the past, but given the changes in the curriculum including time pressures, IGR does not offer sufficient unique benefit to retain it. 3. All concepts from IGR are or can be addressed in other parts of the curriculum, e.g., IQ cases, BRIDGE to Clinical Clerkships, Foundational Sciences in Clinical Medicine
Motion 1	A motion was made to accept the recommendations for Integrated Grand Rounds as written and seconded.
MSEC Discussion	<p>A lengthy discussion ensued and MSEC members along with members of the IGR Committee commented on the value of IGR in the curriculum. Comments included:</p> <ol style="list-style-type: none"> 1. Basic science knowledge to clinical decision-making is key and this has been accomplished through IGR. 2. Standardized patients (SPs) cannot replace real patient stories and interviews. 3. Unscripted challenges – compared with SP sessions, which are structured and standardized and real practice of medicine is not structured. 4. Physician/patient interaction, the interview, how life impacts around health issues – this is partially bedside manner and professionalism because it is different in front of real patients. 5. IGR has been a frequent curriculum location for topics not covered elsewhere in the curriculum. 6. Real time opportunity to put into practice the skills as they relate to a patient story. 7. Small group facilitation experience is critical to M3 and M4 volunteer mentors and is positive on the residency applications. 8. IGR is the only place in the curriculum that brings M1, M2, M3, and M4 students together in one place to practice clinical skills in the context of basic science and real time patients.

	<p>9. Student mentors suggested adding a session to allow everyone to share perspectives and to ask questions of each other. All students have found this to be helpful, and there is nowhere else M1, M2, M3, and M4 students are all together sharing perspectives of their medical education journey.</p> <p>10. IGR has helped to further QCOM’s national reputation, and other schools have been excited about replicating it.</p>
Outcome	MSEC discussed and the motion failed.
Motion 2	A motion was made to create a working group to investigate redesigning IGR to fit with the new curriculum taking into consideration the recommendations from the Task Force and seconded.
Motion 3	An amended motion was made to have a working group, which is now the IGR Committee with the addition of two student representatives, bring back a proposal to redesign IGR, including consideration of how it will fit into the new curriculum and the frequency of sessions and seconded.
MSEC Discussion	None
Outcome	MSEC discussed and approved the amended motion.
Presentation	<p>Dr. Olive reviewed the recommendations from the TRAILS and Student Success Task Force for Tuesday and Thursday Scheduling. Dr. Olive stated that students desire times they can plan on having available to engage in things such as research opportunities, shadowing, and community service. Dr. Olive stated it is felt there is not consistently a day in the week when students can plan on doing that right now. To that end, the recommendations included that either Tuesdays or Thursdays, depending on the year of the curriculum (e.g., Tuesdays for M1 students and Thursdays for M2 students), be kept free from scheduled activities besides precepting, rural track specific events, and exams that need to occur on those days. Dr. Olive stated he felt this is probably a very difficult, if not impossible, thing to completely implement one hundred percent because there are a variety of factors that weigh into things that get scheduled on Tuesdays and Thursdays. Dr. Olive stated the Task Force felt this was a worthwhile concept to think about and rather than this be a motion that this is the way it is going to be, that a motion to the effect that administration, when doing scheduling, look carefully at this issue to try and minimize the number of activities beyond precepting, rural track, and exams that are scheduled on Tuesdays and Thursdays.</p>
Motion 1	A motion was made to accept the recommendations for Tuesday and Thursday scheduling as written and seconded.
Motion 2	A motion was made to amend the recommendations for Tuesday and Thursday scheduling to “Avoid scheduling activities on Tuesdays (M1 year) and Thursdays (M2) year <i>if possible</i>” and seconded
MSEC Discussion	<p>MSEC discussed the recommendations. Comments included:</p> <ol style="list-style-type: none"> 1. Difficulty of scheduling – limited by SPs or simulation or both and limited by space. 2. Students stating, they do not have time to do research, one-off volunteer opportunities, or longitudinal volunteer opportunities. 3. We cannot have a rural program if students cannot get to their assigned locations and back. Without people remembering that rural students have already been committed to be at their research site or at their precepting site and if other things are scheduled on these days, the rural students will miss something, and this has been happening all the time. 4. Are the generalist students who are engaging in research and community service being monitored and are we assessing that they are doing this

	<p>appropriately? If we are giving them the time, do we know that they are using it productively?</p> <ol style="list-style-type: none"> 5. It was noted that M1 students would not volunteer for anything or do anything else rather than study as they do not have the time. 6. Anatomy practical exams were a big problem last semester. Putting so many of them on Tuesdays in the beginning of the semester caused a large problem for rural track. Believe it impacted the class overall, including the generalist track students because they were early in their medical school career that they had not figured out how to study yet, and they were losing that study day. With the Class of 2026, those practical exams were a little bit spread out and were not right at the beginning and did not seem to impact that class as much.
Outcome	MSEC discussed and approved the amended motion.
Presentation	<p>Dr. Click reviewed the recommendations from the TRAILS and Student Success Task Force of:</p> <ol style="list-style-type: none"> 1. Inviting an integrated assessment expert, such as Dr. Varma Taranikanti from Beaumont School of Medicine, to campus to lead a faculty development workshop. 2. Integrated assessment will be developed to be administered alongside other course assessments by the fall of 2025. <p>Dr. Olive stated that one issue that has come up is faculty struggling to find an adequate number of satisfactory questions from the customized assessment database. Dr. Olive stated that these are retired Step 1 questions and may not be developmentally appropriate and limits the pool of questions available and because they are retired questions, are obsolete.</p>
Motion	A motion was made to accept the recommendations for integrated assessment as written and seconded.
MSEC Discussion	<p>MSEC discussed the recommendations and comments included:</p> <ol style="list-style-type: none"> 1. Several faculty members have had difficulty finding appropriate questions on the NBME customized assessment service exams. 2. Would an integrated assessment potentially take the place of a USMLE customized assessment? It is not meant to get rid of the customized assessment questions as they are valuable for students to have experience in taking. For example, an exam with 50 questions could have 40 customized assessment questions and 10 integrated assessment questions.
Outcome	MSEC discussed and approved the motion.
Pertains to LCME Element(s) [if applicable]	8.1 – Curricular Management

Follow-Up Discussion and/or Action Item	None
Who Responsible	N/A
Date Report/Update Due to MSEC	N/A

The TRAILS and Student Success Task Force documents are shared with MSEC Members via Microsoft Teams document storage.

The MSEC meeting adjourned at 5:25 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 2023-2024: (Zoom meetings unless noted)

January 16, **2024** – 3:30-6:00 pm

February 20 – **Retreat** – 11:30 am-5:00 pm (**in-person**)

March 19 – 3:30-6:00 pm

April 16 – 3:30-6:00 pm

May 21 – 3:30-6:00 pm

June 18 - **Retreat** – 11:30 am-3:00 pm (**in-person**)

June 18 - **Annual Meeting** – 3:30-5:00 pm (**in-person**)