

East Tennessee State University

## Digital Commons @ East Tennessee State University

---

Medical Student Education Committee Minutes

---

4-16-2024

### 2024 April 16 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

Follow this and additional works at: <https://dc.etsu.edu/msec-minutes>



Part of the [Higher Education Commons](#), and the [Medical Education Commons](#)

---

#### Recommended Citation

Medical Student Education Committee, East Tennessee State University, "2024 April 16 - Medical Student Education Committee Minutes" (2024). *Medical Student Education Committee Minutes*. 196.  
<https://dc.etsu.edu/msec-minutes/196>

This Minutes is brought to you for free and open access by Digital Commons @ East Tennessee State University. It has been accepted for inclusion in Medical Student Education Committee Minutes by an authorized administrator of Digital Commons @ East Tennessee State University. For more information, please contact [digilib@etsu.edu](mailto:digilib@etsu.edu).

**The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met for a meeting on Tuesday, April 16, 2024 via Zoom.**

**Members Present**

<b><u>Faculty Voting Members</u></b>	<b><u>Subcommittee Chairs</u></b>
Ivy Click, EdD, Chair	Mike Kruppa, PhD – M1/M2 Review Subcommittee
Caroline Abercrombie, MD	
Martha Bird, MD	
Jean Daniels, PhD	<b><u>Academic Affairs Staff</u></b>
Debalina Das, MD	Mariela McCandless, MPH
Thomas Ecay, PhD	Aneida Skeens, MPH
Jennifer Hall, PhD	Ben Smith, BBA
Russell Hayman, PhD	
Jameson Hirsch, PhD	<b><u>Guests</u></b>
Ryan Landis, MD	Patty Amadio, MD, CHSE – Assist Prof Medical Education
	Reid Blackwelder, MD – Assoc Dean for Graduate Medical Education and Continuing Education
Paul Monaco, PhD	Brian Cross, PHARMD, BCACP, CDE – Director IPE
Jason Moore, MD	Joel Danisi, MD – Assist Prof Internal Medicine
Antonio Rusinol, PhD	Leon Dumas, MB.ChB, M.MED – Assist Prof Biomedical Sciences
	Amy Johnson, EdD – Assoc Dean for Faculty Affairs
<b><u>Student Voting Members</u></b>	Deidre Johnson, EdD – Assist Prof Student Services
Helen Mistler, M3	Kelly Karpa, PhD – Assoc Dean for Institutional Effectiveness and Innovation
Ashlyn Songer, M1	Diego Rodriguez-Gil – Assoc Prof Biomedical Sciences
	Robert Schoborg, PhD – Prof/Chair Dept of Medical Education
<b><u>Ex Officio Voting Members</u></b>	Tory Street, MPH, EdD – Assist Dean for Admissions and Records
Melissa Robinson, MD	Doug Taylor – Assoc Dean for Admissions and Records
Amanda Stoltz, MD	Doug Thewke, PhD – Prof Biomedical Sciences
	Alicia Williams, EdD – IPE Director of Faculty Development
<b><u>Ex Officio Non-Voting Members</u></b>	Brad Wood, MD – OB/GYN Clerkship Director
Beth Anne Fox, MD	
Deidre Pierce, MD	
Rachel Walden, MLIS	

**Meeting Minutes**

**NOTE: A TECHNICAL ERROR OCCURRED THAT PREVENTED THE MEETING FROM BEING RECORDED ON ZOOM.**

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

**Consent Agenda Items**

Item Number	Notes
1. <a href="#">March 19, 2024 MSEC Minutes</a>	Minutes reviewed by MSEC members prior to meeting.
2. M1/M2 Review Subcommittee Reports <ul style="list-style-type: none"> <li>a. <a href="#">Doctoring TRAILS 1</a></li> <li>b. <a href="#">Brain, Body, Behavior</a></li> </ul>	<p>Elements <b>met</b> or <b>exceeded expectations</b></p> <p>Elements <b>met</b> or <b>exceeded expectations</b> with the exception of formative assessment and feedback being rated as <b>below expectations</b> (60% of students agreeing/strongly agreeing that feedback was timely) and course organization being rated as <b>below expectations</b> (78% of students were satisfied or very satisfied).</p>
<b>Motion</b>	<b>MSEC adopted and approved all consent agenda items</b>

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

**Announcements:**

- M3 Clerkship Grading and Required Clinical Experiences – administrative update to clarify that students on military leave and academic leave will still be eligible for Honors
- Follow-up: IGR redesign update by June 2024.
- Welcome newest MSEC member – Dr. Debalina Das
- Congrats and thank you to MSEC M4 member Andrew Hicks!
- 2024 Match Results
  - Matched in 14 specialties in 21 states
  - 21 staying in Tennessee
  - 15 staying at ETSU
  - 51.6% primary care
    - 10 Family Med
    - 8 Internal Med
    - 7 Pediatrics
    - 7 OB/GYN

**Action Agenda Items**

<b>Agenda Item 1 – Approval: <a href="#">OB/GYN CQI Plan</a></b>	
<b>Presentation</b>	<p>Dr. Click stated that the M3/M4 Review Subcommittee recommended that a CQI Plan be submitted by Dr. Wood for the OB/GYN Clerkship due to three areas being rated as below expectations (satisfaction with learning environment and NBME performance in both &gt;50% at national average and &lt;10% below 5<sup>th</sup> percentile).</p> <p>Dr. Wood reviewed the CQI Plan for the OB/GYN Clerkship:</p> <ol style="list-style-type: none"> <li>1. NBME Exam Performance           <ol style="list-style-type: none"> <li>a. Students scoring at or above the national mean on the NBME (goal: 50%) and students scoring at or below the 5<sup>th</sup> percentile on the NBME (goal: &lt;10%)</li> <li>b. Improvement Steps/Strategies               <ol style="list-style-type: none"> <li>i. APGO teaching curriculum</li> </ol> </li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>ii. UWorld questions – a block of 500 UWorld questions for OB/GYN</li> <li>iii. Practice NBME – a practice NBME is given prior to the mid-clerkship review</li> <li>iv. AMBOSS OB/GYN Study Plan or have a consult with Dr. Jean Daniels to come up with a study plan.</li> <li>v. CCE written portion to reflect the NBME.</li> <li>vi. Weekly NBME review meetings during lunch with students.</li> <li>vii. Tracking the pass/fail rates and grades of the practice NBME to compare with the pass/fail rates and grades of the actual NBME.</li> </ul> <p>2. Resident Teaching Quality</p> <ul style="list-style-type: none"> <li>a. Students satisfied or very satisfied with learning environment (goal: 85%)</li> <li>b. Improvement Steps/Strategies <ul style="list-style-type: none"> <li>i. We have removed the anatomy lab portion of orientation day as surgery volumes have gone back to pre-COVID levels and they get to see pelvic anatomy.</li> <li>ii. Setting of expectations – knowing what is expected of students during labor and delivery rotation. <ul style="list-style-type: none"> <li>1. Face-to-face discussion of expectations and responsibilities of students with a resident</li> <li>2. Initiating the PAP (Peer Ambassador Program).</li> </ul> </li> <li>iii. Organization – for students at risk of missing requirements from their procedure log due to assignment to only one attending. <ul style="list-style-type: none"> <li>1. Assigning students to different attendings through the week.</li> <li>2. Recruited new sites to send students to observe surgical procedures.</li> <li>3. The last week of the clerkship renamed to “Catch Up Week” to more aptly describe its requirements (finish didactic sessions, complete clerkship requirements, take the CCE, and finish studying for the NBME).</li> <li>4. New full day of didactics instead of two half days.</li> </ul> </li> <li>iv. Interactions with residents/resident teaching – improving interactions between students and residents. <ul style="list-style-type: none"> <li>1. Addressing issues during residents’ quarterly reviews.</li> <li>2. Addressing issues with faculty during faculty meetings.</li> <li>3. Spectacular resident of the month.</li> </ul> </li> </ul> </li> </ul> <p>Dr. Wood noted the NBME percentage has been improved to at or above the national average marginally but is still well away from the 50% goal.</p>
<b>Motion</b>	<b>A motion was made to approve the presented OB/GYN CQI Plan and seconded.</b>
<b>MSEC Discussion</b>	Dr. Click thanked Dr. Wood for his thorough improvement plan. She noted that the committee was particularly concerned about the learning environment.
<b>Outcome</b>	<b>MSEC discussed and approved the motion.</b>

<b>Pertains to LCME Element(s) [if applicable]</b>	8.1 – Curricular Management 8.3 – Curricular Design, Review, Revision/Content Monitoring
--	---

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

*The OB/GYN CQI document is shared with MSEC Members via Microsoft Teams document storage.*

<b>Agenda Item 2 – Report: M1/M2 Review Subcommittee – <a href="#">Foundations of Medical Knowledge</a></b>	
<b>Presentation</b>	<p>Dr. Kruppa presented a review of the Foundations of Medical Knowledge course. Drs. Antonio Rusinol and Michelle Chandley are the course directors. The reviewers were Dr. Melissa Robinson and Toree Baldwin, M1.</p> <ul style="list-style-type: none"> <li>Goals, Outcomes, and Objectives: <b>Met expectations.</b></li> <li>Content, Delivery, and Environment: Student satisfaction with the learning environment <b>met expectations</b>. Student satisfaction (73%) with educational methods being appropriate for the course objectives was rated as <b>below expectations</b>. It was noted that there is significant variation based on topic (e.g., critical thinking 91%, clinical relevance 91%, large group 59%, and IQ 50%). Student satisfaction (76%) with course integration was rated as <b>below expectations</b> with students noting many lengthy handouts were assigned/due the day after mandatory 8-4/5 events.</li> <li>Assessment, Feedback, and Grading: <b>Met expectations</b> for formative assessment and feedback and grading transparency. There is no narrative assessment required for this course.</li> <li>Educational Outcomes: <b>Met or exceeded expectations.</b></li> <li>Student Feedback: Student satisfaction with overall course quality (82%); course organization (64%-Q2, 54%-Q4, and 64%-Q13); and teaching quality (83%) were <b>below expectations</b>. Students noted issues with the quality and pace of Anatomy, mandatory class time, and inefficiency of in-person events. Students also noted that the course was disorganized and jumped between topics. Students struggled with the quality of some professor's prework and were especially disconcerted when CP/exams did not seem well-correlated with the prework.</li> <li>Previous Reviews: <b>Met expectations.</b></li> </ul> <p><u>Strengths of the Course</u></p> <ul style="list-style-type: none"> <li>Student comments: <ol style="list-style-type: none"> <li>Appreciation for professors and faculty involvement</li> <li>Value of team-based learning (TBL) and group work</li> <li>Importance of practice questions and quizzes</li> <li>Significance of class attendance and daily engagement</li> <li>Emphasis on clinical relevance and practical application</li> <li>Usefulness of handouts and learning materials</li> <li>Positive impact of structured learning formats</li> <li>Feedback and support from faculty and staff</li> </ol> </li> </ul>

	<p><u>Weaknesses of the Course</u></p> <ul style="list-style-type: none"> <li>• Student comments: <ol style="list-style-type: none"> <li>1. Disorganization/lack of structure in the course</li> <li>2. Inconsistency across professors' materials and teaching styles</li> <li>3. Fast pace of the course, especially the anatomy section</li> <li>4. Excessive amount of detail in content to cover</li> <li>5. Inconsistent alignment with Step 1/clinical relevance among Faculty</li> <li>6. Faculty-dependent Ineffective implementation of teaching methods (JITT, TBL, etc.)</li> <li>7. Overwhelming frequency of quizzes and assessments and how these are not aligned with the disjointed content of the course</li> <li>8. Attendance policy concerns</li> <li>9. Some handouts are too lengthy for most faculty</li> <li>10. Students did not have class leadership, as the student leadership elections took place much later, to help encourage a more professional and actionable evaluation process.</li> </ol> </li> </ul> <p><u>Recommended Changes for Course Director:</u> The reviewers want to acknowledge that this has been a challenging review both for students and professors. We appreciate the vast amount of work professors did to prepare students and especially the course directors who managed often-conflicting needs. We note that students gave excellent reviews to their professors personally, and the criticisms were mainly centered around characteristics of the course.</p> <p>We agree that major themes are:</p> <ul style="list-style-type: none"> <li>• Reduce amount of content in general, which applies to instructors variably. To set the context for this request, we understand the history to be that the Dean requested, with an advisory committee's agreement, that the new TRAILS curriculum be delivered in a compressed timeframe. The feasibility of that time compression hinged on the reduction of content. Some professors have not met their goals for content reduction. It would seem that the Dean and/or advisory committee needs to work with these professors and the course directors either to negotiate content or timeline.</li> <li>• Sequence certain topics differently</li> <li>• Redistribute Anatomy lessons with a moderate approach – neither so far distributed as Class of 2026, nor so front-loaded as Class of 2027. The alternative is to increase the amount of time students have to learn the standard anatomy content and this may not be feasible.</li> <li>• Revert to classical embalming for a more academic first dissection experience.</li> <li>• It is from the student representative's perspective that the daily quiz load has become more emotionally manageable over time. Thus, the overwhelmed feeling students reported about assessment frequency may have been part of transitioning to medical school. However, the students' concern about length of daily pre-work persists.</li> </ul> <p><u>Issues Requiring MSEC Action</u></p> <ul style="list-style-type: none"> <li>• MSEC should propose how they will support course directors' requests of individual professors that they reduce content. We note that the recent Quality Taskforce recommendation that professors be held accountable was not supported by MSEC. Thus, it is unclear how course directors can be expected to influence the amount of content delivered by each professor.</li> </ul>
--	--

	<ul style="list-style-type: none"> <li>• A CQI will be needed.</li> <li>• We recommend that QCOM’s admission’s committee change its prerequisite policy. While this would have long been helpful, it is now a necessity due to the compressed curriculum. Anatomy, general biology, organic and biochemistry should be prerequisites. We note with regret that Anatomy is not listed even as a Recommended course. Our website currently states:</li> </ul> <p>Highly Recommended Courses (Not Required):</p> <ul style="list-style-type: none"> <li>▪ Biochemistry</li> <li>▪ Communications</li> <li>▪ General Biology</li> <li>▪ General Chemistry</li> <li>▪ Logic</li> <li>▪ Organic Chemistry</li> <li>▪ Physics</li> <li>▪ Psychology</li> <li>▪ Rhetoric</li> <li>▪ Sociology</li> </ul> <p>We strongly recommend that Anatomy be added to the list of highly recommended courses, if not made a prerequisite.</p> <p>Dr. Click noted that there are several issues for MSEC to address included in this review and recommended addressing each separately. She also pointed out that the first recommendation regarding supporting course directors’ requests for faculty to reduce content was on the agenda for today.</p>
<b>Motion</b>	<b>A motion was made to approve the Foundations of Medical Knowledge review and require a CQI plan and seconded.</b>
<b>MSEC Discussion</b>	<p>Dr. Robinson stated this was a difficult review to do because there were so many comments from students. This is the first major course in the curriculum and the first real chance that students have to give feedback. She also noted Toree Baldwin stated she remembered feeling this way while the course was running, but that the students’ feelings had largely changed now since they have adapted to medical school. Dr. Robinson thanked Dr. Rusinol for the very thorough supplemental report that he provided along with his self-study.</p> <p>Dr. Rusinol asked what the CQI plan should focus on because there were several areas below expectations. He noted the educational methods in the course were active learning and adhered to the TRAILS curriculum principles approved by MSEC. Dr. Click agreed that the below expectations did not seem appropriate based on the rubric guidelines for that area. She recommended focusing on course organization, teaching quality, and materials in the course.</p>
<b>Outcome</b>	<b>MSEC discussed and approved the motion.</b>
<b>Motion</b>	<b>A motion was made for the Admissions Committee to review the recommended courses for admission to Quillen to better compliment the new compressed TRAILS curriculum and seconded.</b>
<b>MSEC Discussion</b>	Dr. Click noted MSEC does not have the authority to change the prerequisites or recommended courses for admission to Quillen; however, MSEC can make recommendations to the Admissions Committee.

	<p>Dr. Ecay stated, as a member of the Admissions Committee, there are very few medical schools who require Anatomy as a prerequisite for admission.</p> <p>Dr. Robinson stated that due to the fast pace of the curriculum, students who are completely unfamiliar with Anatomy are left behind and trying to catch up. Dr. Rusinol brought up the idea of providing pre-matriculation materials or modules that students could complete to help familiarize them with basic anatomical terminology and structures. Dr. Click said this idea was worth investigating, but this would need to be discussed at a future MSEC meeting.</p> <p>MSEC members asked when the requirements were last reviewed. Dr. Blackwelder, Chair of the Admissions Committee, commented that the committee regularly meets and reviews all the Admissions criteria. Mr. Taylor agreed to review the recommended courses.</p> <p>Dr. Click asked for an update from the Admissions Committee later this fall.</p>
<b>Outcome</b>	<b>MSEC discussed and approved the motion.</b>
<b>Pertains to LCME Element(s) [if applicable]</b>	<p>8.1 – Curricular Management</p> <p>8.3 – Curricular Design, Review, Revision/Content Monitoring</p>

<b>Follow-Up Discussion and/or Action Item</b>	CQI plan for FMK
<b>Who Responsible</b>	Dr. Antonio Rusinol
<b>Date Report/Update Due to MSEC</b>	May 2024
<b>Follow-Up Discussion and/or Action Item</b>	Update from Admissions Committee on recommended courses
<b>Who Responsible</b>	Admissions Committee member (Dr. Blackwelder or Mr. Taylor)
<b>Date Report/Update Due to MSEC</b>	September 2024

*The Foundations of Medical Knowledge document is shared with MSEC Members via Microsoft Teams document storage.*

<b>Agenda Item 3 – Report: <a href="#">TRAILS and Student Success Task Force – IPE and Required Pre-Course Work</a></b>	
<b>Presentation</b>	<p>Dr. Click noted there were two remaining items from the original Task Force report that needed to be covered. Those included recommendations regarding IPE and the revision to the pre-course work recommendations. She began by reviewing the recommendations regarding IPE.</p> <p>The Task Force recognizes the importance of interprofessional education (IPE) experiences and notes that interprofessional experiences for medical students in the clinical phase of the curriculum have increased significantly since the current pre-clinical interprofessional curriculum was designed.</p> <p>Problems with the current pre-clinical IPE curriculum for medical students:</p> <ul style="list-style-type: none"> <li>• Given the condensed medical student curriculum and fullness of some weekly schedules, six IPE sessions is a disproportionate quantity.</li> <li>• Some pre-work and work within sessions is perceived by faculty and students as busy work.</li> </ul>



	<ul style="list-style-type: none"> <li>• There is insufficient flexibility within sessions for facilitators to provide individual student feedback.</li> <li>• Virtual site visits are not valuable.</li> <li>• Not all cases used have meaningful roles for all the professions participating.</li> <li>• Some facilitators and standardized patients have demonstrated antagonist attitudes towards medical students and physicians.</li> </ul> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Reduce the number of sessions in the pre-clerkship TRAILS to 2-4 sessions. <i>(Note: This part of the recommendation was not unanimously accepted.)</i></li> <li>• Improve instruction about roles of NPs/PAs in healthcare and about effective interactions with medical students/physicians. While we recognize that students from these disciplines are not currently represented in the IPE sessions, this is an important topic that needs to be addressed.</li> <li>• Modify the format to be more similar to the Communications course small groups where faculty facilitators have the flexibility to give tailored individual feedback to students in real-time.</li> <li>• Focus on roles various professions bring to the care of patients.</li> <li>• Improve addressing effective hand-off of patients.</li> </ul> <p>Dr. Brian Cross, Assistant Vice Provost and Director of the Center for Interprofessional Collaboration (CIC) provided a response to the Task Force’s recommendations. The response was included in the materials sent out with the agenda. The response included:</p> <ul style="list-style-type: none"> <li>• The current structure, as it exists, is one that was created through significant collaboration and formal agreements with three other colleges within ETSU Health which have embedded the current structure into their curricula and placed into various catalogues for programs of study. This has made this current structure a graduation requirement for all graduate level health professions students in ETSU Health. Any change to the current schedule would require significant negotiation with all programs in those three colleges and any change to structure would not be possible for at least two years (2026) with current curricula agreements and expectations. This is a complex process and any change to it would require complex discussions with partner colleges within ETSU Health.</li> <li>• Much of the training in the IPE Curriculum is focused specifically on the roles and responsibilities of the professions engaged in the training. As both recommendations are specific to roles, the Center for Interprofessional Collaboration would welcome the creation of a student and faculty advisory group to meet with the CIC at the end of each semester to provide insight in IPE Training processes and new ways to improve it.</li> <li>• The current IPE Training format (two-hour training sessions per semester) is significantly shorter than provided in the Communications course and the size of small groups are larger than those in the Communications course. A new grading process has been recently implemented that does provide written individual feedback within the gradebook as well as the use of a validated team-assessment tool that will provide assessment of team dynamics from three different sources (peer, faculty, and SPs). However, in</li> </ul>
--	---

	<p>order to provide individual feedback, the length of the sessions would need to be closer to those in the Communications course. The CIC would welcome further insight into how improved individualized feedback could be provided.</p> <ul style="list-style-type: none"> <li>The current IPE Training intentionally uses a validated tool (I-PASS-the-BATON) designed as part of the TeamSTEPPS program from the Agency for Healthcare Research and Quality (AHRQ) to teach hand-off patients from one team to another in the second year of the curriculum. The CIC would welcome further insight into how we could improve addressing effective hand-off of patients within the current training.</li> </ul> <p>Dr. Click recommended that MSEC divide the recommendations from the Task Force into separate motions. She recommended splitting the first recommendation regarding the number of sessions into its own motion and then discussing recommendations 2-5.</p>
<b>Motion</b>	<b>A motion was made to reduce the number of IPE sessions to 2-4 in the pre-clerkship curriculum and seconded.</b>
<b>MSEC Discussion</b>	<p>Dr. Cross clarified that IPE is two hours per session per student. Pre-Covid IPE was a half-day but they reduced the time to two hours in-person and required some pre-work that they previously did in-person. He also said there are plans to make significant changes to the pre-work requirements this fall to short video vignettes with embedded quizzes. Dr. Robinson asked if Dr. Cross could estimate how long it would take students to complete the pre-work. Dr. Cross said no more than one hour for each session.</p> <p>Dr. Amadio stated that IPE is part of the Doctoring courses. As the Doctoring 2 and 3 course director, she stated that the IPE sessions help meet several LCME accreditation requirements and covers parts of the USMLE content outline such as communication and interpersonal skills, medical ethics, health care/organizational behavior and culture, and transitions of care.</p> <p>Dr. Abercrombie agreed that IPE helped to meet certain requirements that are not met elsewhere.</p> <p>Dr. Stoltz stated that students have more exposure to interprofessional practice during the clinical phase than previously. Dr. Blackwelder commented while students may experience exposure to interprofessional care in the clerkships, these experiences are not intentional and vary from site to site.</p> <p>Dr. Stoltz asked why we would need the permission of the other Health Sciences colleges to change our curriculum. Dr. Click stated that MSEC does not have the authority to dictate what the IPE curriculum is for all of ETSU, but MSEC does have the authority to determine medical students' level of participation in the IPE curriculum.</p>
<b>Outcome</b>	<b>MSEC discussed and the motion failed.</b>
<b>Motion</b>	<b>A motion was made to approve recommendations 2 through 5 related to IPE from the TRAILS and Student Success Task Force and endorse the response from IPE leadership and seconded.</b>

<b>MSEC Discussion</b>	<p>After the motion failed, Dr. Cross emphasized that he hoped to create a student and faculty advisory group to meet with the CIC at the end of each semester. He welcomed recommendations for that group. He hoped that a more robust ongoing quality improvement process could address many of these recommendations. Dr. Cross also discussed a more formal SP/faculty evaluation process using video recordings of all debrief and simulation spaces and assessment rubrics to ensure consistency and fidelity of the student experience from faculty facilitators and SPs.</p> <p>Dr. Click asked Dr. Cross if he could provide MSEC with an update after the proposed changes had been implemented and Dr. Cross agreed.</p>
<b>Outcome</b>	<b>MSEC discussed and approved the motion.</b>
<b>Pertains to LCME Element(s) [if applicable]</b>	6.7 – Academic Environments 7.9 – Interprofessional and Collaborative Skills

<b>Follow-Up Discussion and/or Action Item</b>	Report on changes to IPE
<b>Who Responsible</b>	Dr. Brian Cross
<b>Date Report/Update Due to MSEC</b>	December 2024

*The TRAILS and Student Success Task Force Report - IPE document is shared with MSEC Members via Microsoft Teams document storage.*

<b>Agenda Item 3 Continued – Report: TRAILS and Student Success Task Force – IPE and Required Pre-Course Work</b>	
<b>Presentation</b>	<p>Dr. Click reminded MSEC that the committee had requested that the prior recommendations regarding required pre-course work be revised and brought back to MSEC for approval. She was presenting those revisions today on behalf of Dr. Olive who was out of town.</p> <p>Revised Recommendation:</p> <ul style="list-style-type: none"> <li>• Cognitive load is a real issue that ample educational literature supports.</li> <li>• Students report that assignments considered excessive are often ignored by students who seek more concise sources of the same information.</li> <li>• Faculty who are content experts are expected to curate their material selecting the most important material for students within the guidelines. If the essential content exceeds these guidelines, they should work with others to either condense the material or seek more curricular time within the overall curriculum framework</li> </ul> <p>Recommendation to MSEC:</p> <ul style="list-style-type: none"> <li>• MSEC should approve a policy regarding pre-course work. Current guidelines based on practices at other medical schools have not been formally discussed and approved by MSEC.</li> <li>• Consider establishing peer content reviewers either as a standing group or identifying them on an ad hoc basis to review pre-course material exceeding guidelines.</li> <li>• Encourage course directors to make a renewed effort with those faculty members exceeding recommended pre-course work guidelines to reduce the volume to be consistent with guidelines. Course directors may seek the assistance of department chairs to achieve this goal.</li> </ul>

<b>Motion</b>	<b>A motion was made to approve the revised recommendations regarding pre-course work and seconded.</b>
<b>MSEC Discussion</b>	Dr. Click noted that the next item on the agenda included changes to our current scheduled time and workload policy that would meet the first recommendation.
<b>Outcome</b>	<b>MSEC discussed and approved the motion.</b>
<b>Pertains to LCME Element(s) [if applicable]</b>	8.8 - Monitoring Student Time

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

<b>Agenda Item 4 – Approval: <a href="#">Pre-Course Work and Pre-Clerkship Medical Student Scheduled Time and Workload Policy</a></b>	
<b>Presentation</b>	<p>Dr. Click began by stating that the changes to this policy were an effort to meet the recommendation from the Task Force regarding a policy on pre-course work. The Pre-Clerkship Medical Student Scheduled Time and Workload policy includes one sentence about pre-work currently: “The estimated amount of time to complete required preparatory materials for class should not exceed the scheduled in-class time (i.e., no more than 24 hours of required preparatory work for 24 hours of scheduled in-class educational activities).”</p> <p>The revisions to the policy include adding a reference to the Preparatory Materials Guidelines that have been provided to course directors since December 2022. These guidelines were never formally approved by MSEC. The Guidelines are added to the policy as an Appendix. Additionally, a statement was added that course directors will supervise the amount of required materials assigned to students to prepare for class.</p>
<b>Motion</b>	<b>A motion was made to accept the changes to the Pre-Clerkship Medical Student Scheduled Time and Workload policy and seconded.</b>
<b>MSEC Discussion</b>	Dr. Rusinol asked what if faculty do not follow policy? Dr. Click stated that the policy states curriculum leadership (Dr. Fox and Dr. Click) can intervene as needed.
<b>Outcome</b>	<b>MSEC discussed and approved the motion.</b>
<b>Pertains to LCME Element(s) [if applicable]</b>	8.8 – Monitoring Student Time

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

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

<b>Agenda Item 5 – Discussion: <u>Learning Communities as a Course</u></b>	
<b>Presentation</b>	<p>Dr. Stoltz gave an overview of the course. Dr. Stolz stated the goal of the course is to provide career exploration opportunities as well as foundation of wellness and leadership to provide students with the necessary skills to be in a successful profession. Additionally, the Learning Communities curriculum will provide the groundwork for the importance of continuous quality improvement and give students the necessary tools to complete their own quality improvement projects.</p> <p>Students will:</p> <ol style="list-style-type: none"> <li>1. Participate in small group sessions where they will learn team building skills and professional development.</li> <li>2. Complete career exploration activities including skills inventories, personality trait identification and leadership skills assessments prepare for sessions by completing some assigned materials in advance.</li> <li>3. Engage in discussion with peers about careers in medicine and study skills and strategies.</li> <li>4. Participate in wellness sessions with a focus on developing skills to identify colleagues in need and self-preservation.</li> </ol> <p>Assignments and exams will consist of:</p> <ul style="list-style-type: none"> <li>• Leadership traits – 20%</li> <li>• CIM Skills inventory – 20%</li> <li>• Quality improvement project plan – 20%</li> <li>• Attendance to required sessions – 20%</li> <li>• Career advising appointment/CV – 20%</li> <li>• Lunch and learn attendance – 20%</li> </ul>
<b>Motion</b>	<b>A motion was made to approve changing Learning Communities into required courses and seconded.</b>
<b>MSEC Discussion</b>	<p>Dr. Click noted that learning communities are not an official part of the curriculum currently, but several elements learning communities cover are required curriculum such as career development. MSEC discussed that these courses would need to be included in the scheduled time and workload when calculated. Dr. Stoltz stated that they are already included in the Leo calendar currently.</p> <p>MSEC members asked the following questions:</p> <ul style="list-style-type: none"> <li>• How is the grade assigned? <ul style="list-style-type: none"> <li>○ Dr. Click stated it will be a pass/fail course and no points will be given towards class rank.</li> </ul> </li> <li>• Will it trigger tuition charges? <ul style="list-style-type: none"> <li>○ Dr. Click stated it would not as tuition is based per year and not credit hour. Dr. Street confirmed this.</li> </ul> </li> <li>• Will these courses be reviewed as the other courses? <ul style="list-style-type: none"> <li>○ Dr. Click stated yes, these courses will go through the yearly review process.</li> </ul> </li> </ul> <p>Dr. Monaco pointed out that the assignments and exams added up to more than 100%. Dr. Stoltz stated that would be corrected.</p>
<b>Outcome</b>	<b>MSEC discussed and approved the motion.</b>

<b>Pertains to LCME Element(s) [if applicable]</b>	8.1 – Curricular Management 8.2 – Use of Medical Educational Program Objectives
--	--

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

*The Learning Communities course form document is shared with MSEC Members via Microsoft Teams document storage.*

<b>Agenda Item 6 – Discussion: <a href="#">TRAILS Pre-Clerkship Attendance Policy</a></b>	
<b>Presentation</b>	<p>Dr. Click presented the revised TRAILS Pre-Clerkship Attendance policy for MSEC’s review and approval. A summary of the changes included:</p> <ul style="list-style-type: none"> <li>• Removal of WellFlex Days as a category</li> <li>• Increase Flex Days from 2 to 5 days per semester <ul style="list-style-type: none"> <li>○ Reduce time to request to 24 hours in advance</li> </ul> </li> <li>• Clarified that unanticipated absences also include “other anticipated needs” that could be anything from a migraine to a flat tire to a sick child or wellness needs.</li> <li>• Changed make-up policy from students being allowed to make up everything they missed to in-class points being excluded from the final course for excused absences. <ul style="list-style-type: none"> <li>○ If a student has extended leave due to medical absences, they can make up the points if requested.</li> </ul> </li> <li>• Changed consequences so that students will receive a warning for the first unexcused absence, but will receive a professionalism report for subsequent unexcused absences. If they miss graded activities, they receive a 0 for the day.</li> <li>• Other administrative changes to align with other policies.</li> </ul>
<b>Motion</b>	<b>A motion was made to accept the revised TRAILS Pre-Clerkship Attendance Policy and seconded.</b>
<b>MSEC Discussion</b>	<p>Dr. Abercrombie asked to clarify the make-up portion of the policy. Dr. Click said that currently, students can make up missed individual quizzes in class. This creates a burden on course directors to keep up with all the make-ups. This change would effectively mean missed in-class quizzes would be dropped from the final grade. Dr. Abercrombie stated she thought it was important that students be required to make up missed work.</p> <p>Dr. Click clarified students are taking these quizzes at home, not making them up in person. They will still be responsible for the material they missed as they will be on checkpoints and exams. Ashlyn Songer stated students take checkpoints at home and this is not a problem. Dr. Click stated the change is not about students making up quizzes at home, it is more about the excessive absences and number of quizzes that course directors must keep track of for make-ups.</p>

	<p>Dr. Fox pointed out that allowing students seven extra days to make up a quiz that everyone else took on time is not fair to the students who came to class. The students who are absent get extra time to study and this is not equitable.</p> <p>Dr. Abercrombie stated this would require course directors to take attendance. Dr. Click stated that this should be happening already.</p>
<b>Outcome</b>	<b>MSEC discussed and approved the motion.</b>
<b>Pertains to LCME Element(s) [if applicable]</b>	<p>8.1 – Curricular Management</p> <p>8.2 – Use of Medical Educational Program Objectives</p>

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

*The revised TRAILS Pre-Clerkship Attendance Policy document is shared with MSEC Members via Microsoft Teams document storage.*

The MSEC meeting adjourned at 6:00 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](mailto: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**)