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Medical Student Education Committee Minutes

10-17-2023

2023 October 17 - Medical Student Education Committee Retreat Minutes

Medical Student Education Committee, East Tennessee State University

QUILLEN
COLLEGE of MEDICINE
EAST TENNESSEE STATE UNIVERSITY

The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met for a Retreat Meeting on Tuesday, October 17, 2023 in the Medical Library Basement Classroom.

Attendance

FACULTY MEMBERS	EX OFFICIO NON-VOTING MEMBERS
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	
Jennifer Hall, PhD	**SUBCOMMITTEE CHAIRS**
Russell Hayman, PhD	**Mike Kruppa, PhD**
Paul Monaco, PhD	
Jason Moore, MD	**ACADEMIC AFFAIRS STAFF**
Jerry Mullersman, MD	**Kortni Dolinger, MS, Staff**
Antonio Rusiñol, PhD	**Chelsea Gilbert, MS, Staff**
Amanda Stoltz, MD	**Mariela McCandless, MPH, Staff**
	Aneida Skeens, MPS, Staff
	Sharon Smith, Staff
STUDENT MEMBERS	
	GUESTS
	Kelly Karpa, PhD
	Thomas Kincer, MD
EX OFFICIO VOTING MEMBERS	**Robert T. Means, Jr., MD**
Melissa Robinson, MD	
Deidre Pierce, MD	
Robert Schoborg, PhD	
Rachel Walden, MLIS	

Meeting Minutes

Dr. Click opened the meeting at 12:00 pm.

Consent Agenda Items:

- CA Item 1 – Approval: September 19 MSEC Meeting Minutes
- CA Item 2 – Approval: M1/M2 Review Subcommittee
    - Doctoring TRAILS 2
- CA Item 3 – Approval: M3/M4 Review Subcommittee
    - Transitions
- CA Item 4 – Approval: Clinical Supervision of Medical Students Policy

A motion was made to adopt and approve all items on the consent agenda as presented and seconded. MSEC approved the motion.

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

Announcements:
- Faculty Development
  - Interpreting and Responding to Student Feedback
    - Rescheduled for Wednesday, November 8, 3:00-4:00pm
  - Medicine for All Communities
    - First session: Wednesday, November 15, 3:30-5:00pm
    - Second session: Wednesday, December 20, 3:30-5:00pm
- Update:
  - M4 Requirements Policy
    - To be consistent with LCME requirements, away rotations must be at LCME accredited institutions for students to receive selective credit.

Action Agenda Items

1. **Approval: Underserved Medicine Clerkship/Jr. Clinical Update**

   Dr. Kincer presented recommended changes to the Underserved Medicine Clerkship/Jr. Clinical Elective for the 2024-25 academic year. Dr. Kincer stated when the Underserved Medicine Clerkship was developed, it was made a five-week rotation, and the Jr. Clinical Elective was extended from a two-week to a three-week rotation as students stated they needed an additional week for their elective. This made a total of eight weeks. Dr. Kincer stated with the new curriculum change, the clerkships were shortened by one week, making it a seven-week rotation instead of an eight-week rotation, which shortened the Jr. Clinical Elective back to a two-week elective instead of a three-week elective. Dr. Kincer stated they will be expanding the period back to an eight-week rotation for the 2024-25 academic year and proposes that the Jr. Clinical Elective be changed back to a two-week elective, as it had been in the past, as it was extremely difficult to find preceptors in the community who were willing to take a student for three weeks. This also consumes preceptor time that is needed for required clerkships. Dr. Kincer asked MSEC to approve the request to move Jr. Clinical from three weeks to two weeks, expanding the Underserved Medicine Clerkship from five weeks to six weeks. Dr. Kincer stated there were would be three weeks for clinicals, one week for health fair, one week for completion of projects and presentations, and one week for an online component that comes through the Tennessee Public Health Training Center Modules. Each of the modules take about a day to complete. Dr. Kincer stated the modules fall in line with what Underserved Medicine is. Dr. Kincer stated this would allow the students to know what is going on in public health. Dr. Kincer noted that no additional objectives would need to be written for this modification as the changes will fall in line with the current objectives.

   Dr. Olive asked if the students did anything in underserved medicine that would count towards the research requirements in the accreditation standards (e.g., analyze data, draw conclusion from that data). Dr. Kincer stated not to the level that we could use it for LCME. Dr. Kincer stated that the research module they are using may contain this information. Dr. Click stated we could look into this further. Dr. Abercrombie stated they used these same modules as part of a COVID elective and that students really liked them.

   A motion was made to approve the proposed changes to the Underserved Medicine Clerkship and Jr. Clinical Elective as presented and seconded. MSEC approved the motion.
   The presented Underserved Medicine Clerkship/Jr. Clinical Elective document is shared with MSEC Members via Microsoft Teams document storage.

2. **Report/Approval: BRIDGE to Clinical Clerkships**

    Please see Dr. Abercrombie's presentation slides for additional information.

    Dr. Abercrombie presented the new Building Rural Integrated Doctoring through Guided Experiences (BRIDGE) to Clinical Clerkships course. Dr. Abercrombie stated this course will be replacing the Transitions to Clinical Clerkships course. Dr. Abercrombie stated they were charged with adding some basic science content into the course. Dr. Abercrombie noted new objectives have been added and previous objectives have been reworded or updated to reflect the new basic science content and what will be happening in the sessions. Dr. Abercrombie stated the course will be a three-week course and will have 105 total hours (35 hours/week) with 44 hours committed to integrating basic science content. The course structure will include:

    - Themed weeks
        - Shock (hypovolemic and septic)
        - Diabetes (neuropathy, microvascular, and macrovascular complications)
        - Neuropsych (CNS, pain, behavioral health)
    - Pedagogy
        - Basic Science JITT sessions and prioritized, focused NBME questions
        - Skills workshops
        - Integrated application sessions to end each week
    - Assessment
        - Independent and group quizzes
        - End of week
            - Critical thinking worksheets
            - Oral presentations on basic science application

    Dr. Abercrombie stated the Transitions to Clinical Clerkships procedure list was updated and revised for the new course.

    Dr. Abercrombie stated for the course final grade composition, students will receive 100 points at the beginning of the course with the expectation that students will complete all requirements to keep their points. Dr. Abercrombie stated the points for the course include 90 points for course activities, 5 points for timely and complete procedure logs, and 5 points for logging hours. Dr. Fox asked if logging hours referred to prep hours. Dr. Abercrombie stated it would be similar to what students in clerkships log for duty hours. Dr. Click stated this would be good practice for the students.

    Dr. Click stated MSEC approved the course in concept with the change of the curriculum but now, the course objectives and full description of the course has been developed and must be approved by MSEC. Dr. Click noted that the procedures list would be approved at a future meeting along with all the other procedures from other courses and clerkships.

    A motion was made to approve the BRIDGE to Clinical Clerkships course as presented and seconded. MSEC approved the motion.
    The presented BRIDGE to Clinical Clerkships presentation slides, including course objectives, are shared with MSEC Members via Microsoft Teams document storage.

3. **Report: Content Coverage Update**

Dr. Click presented a report on updated content coverage in the pre-clerkship curriculum. Dr. Click thanked all the faculty who updated the USMLE Content Coverage spreadsheet with the most recent changes. Dr. Click reminded MSEC members that the USMLE Content Outline was used to identify content coverage as we began developing a new curriculum. Dr. Click noted there is a spreadsheet in the TRAILS Team folder and each tab represents the 18 major content areas from the USMLE Content Outline. Faculty identify which course content is covered and who is teaching it to the best of their ability. Dr. Click much of the content outline is well-covered during the pre-clerkship phase with most topic areas covered 80-95%. A few topic areas had 50-75% coverage. The least covered topic areas include Pregnancy, Childbirth, & Puerperium; Biostats, Epidemiology, & Population Heath; and Multisystem Processes. MSEC discussed that some topics were covered in the clinical phase. Dr. Click shared a list of content gaps in the pre-clerkship curriculum as of October 2023 and also shared the USMLE Content Outline spreadsheet referenced above. Some MSEC members noted that some of the content listed as gaps are covered in their courses and Dr. Click asked that they go to the USMLE Content Outline spreadsheet and update the list. Dr. Click will provide the content gaps list to course directors and discuss at a future course directors' meeting.

No voting action required.
The presented Content Coverage Report document is shared with MSEC Members via Microsoft Teams document storage.

4. **Discussion: Ex-officio Voting Membership**

Dr. Click presented the current MSEC Structure and MSEC Charge for MSEC members to review. Dr. Click stated that the current MSEC structure document does not match what is being practiced. In the charge to the committee the structure says membership will consist of 13 faculty members (including the chair) and 4 students, yet we have added some ex-officio members to the committee. Dr. Click stated that MSEC cannot make their own charge and that only the dean can create the charge and structure. MSEC can make recommendations on what they believe the charge and structure should be. In reviewing the MSEC member list, Dr. Click stated it is not known how the ex-officio voting members came to be. Past minutes were reviewed, and no discussions were noted pertaining to ex-officio members. MSEC discussed the role of ex-officio voting members and the following points were noted:
- Ex-officio members not having voting rights.
- Representative from rural community programs should vote as it is a unique component of our curriculum.
- Having the associate dean for student affairs as a voting ex-officio member and not having the vice dean for academic affairs as an ex-officio voting member does not make sense as both should be in the same category.
- Ex-officio members are on the committee due to their roles.
- Should the chair for the Department of Medical Education (DME) be on the committee when other chairs are not?
- Should the director for the Tri-TRAILS Track be moved to an ex-officio voting position?
- Should the ex-officio member representing the library role be changed to representing the diversity role and whether that position should have a vote?
- It is important to not have too many assistant/associate dean-level people as deciding members of the curriculum. The committee as a whole should primarily represent the faculty and not administration.
- As several MSEC members are in the DME office, there could be a conflict of interest with the department chair serving as an ex-officio voting member since the chair completes their evaluations.
- There needs to be an odd number of people.

- The vice dean goes back to the same situation as the chair for DME.
- Would there be an issue for ex-officio members to not vote across the board?

Dr. Click stated she would put together a proposal from today's discussions and bring back to the November meeting for MSEC to review as a recommendation to the dean.

No voting action required.
The presented MSEC Structure and MSEC Charge document is shared with MSEC Members via Microsoft Teams document storage.

5. **Breakout Session: Pre-Clerkship Assessment Policy**

Dr. Click reviewed the reasons the Pre-Clerkship Assessment Policy was brought to MSEC at its June 20, 2023 Retreat meeting. Dr. Click stated the reasons included a decline in NBME performance in the last two years of the legacy curriculum, decreased Step 1 performance over the past two years, current assessment model allows students to pass the course with extremely low final exam score, and a recommendation from the Phase Review Subcommittee that consideration should be given to requiring a minimum performance on the end-of-course exams to receive passing grades for the course or to increasing the percent contribution of the end-or-course exam to the overall grade.

Dr. Click stated MSEC is reviewing again as the proposal approved by MSEC at its July 2023 meeting needed to be changed to align with our current grading policy. Dr. Click noted that due to late changes, inadequate communication with students, and an incomplete process in place for implementation, it was decided to delay implementation until the 2024-25 academic year. Dr. Click stated that we need to ensure there is a clear policy and process in place prior to implementation.

MSEC committee members were divided into groups and were asked to discuss two questions. The recommendations from the breakout session were as follows:

1. Is 70% the right cutoff for the passing score? If not, what is your suggested score? Should we specify raw or adjusted score in the policy? (Note: Step 1 passing is approximately 60% correct; CBSE predicted passing is 62%)
    - FMK should potentially be a lower score (Maybe 65?)
        - Would like the distribution of the students that were below 70 in FMK to help make this determination
    - Most others agreed that the pass threshold should be 70% raw score with no rounding for courses other than FMK
    - If an exam has a mean of 80 with SD of 10, we could expect 12 students to fail (fall below 70) in a normal distribution.
        - Should we consider whether it's advisable to have 8-12 students retaking the exam or should we consider a more practical threshold? 65% would result in 5 retakes; 60% would result in 2 retakes.
    - If you take the average of all the M1 exams (79.7) and the average SD of the exams (9.1), two SDs below the mean results in 61.5 – Should 62 be the threshold for a retake?

2. In the exam retake procedure, there is a suggested guideline for determining successful performance on the repeated exam (item 5a). Do you agree with this suggestion? If not, what is your suggestion? Should this be clearly defined in the policy itself?
    - Should be the same exam
    - Passing the retake should be the same threshold as first exam
        - Retake should also be 70% to pass if that's what we decide

- Exam retake process should be spelled out in the policy

Dr. Click stated this was not intended to be an approval process today but was just to gather information to make changes to the policy and will then add to a future agenda for approval. Dr. Clicked noted she had heard a lot of consensus in the recommendations.

No voting action required.

6. **Presentation Followed by Brief Discussion: Learning Environment**

   Please see Dr. Olive's PowerPoint presentation slides for more detailed information.

   Dr. Olive reviewed AAMC Graduation Questionnaire data, AAMC Year-2 Questionnaire data, end-of-course and -clerkship evaluations, and retrospective surveys of curriculum ratings related to LCME Element 3.5 Learning Environment/Professionalism. Dr. Olive stated that overall, the learning environment is healthy but noted some areas need improvement. These areas include respect for diversity, providing student feedback, nurturing students as people, and showing empathy and respect. Dr. Olive noted that there have been actions implemented to improve the learning environment. Some of these include creation of flex days and WellFlex days by MSEC, scheduling dinners with the dean and students, anonymous online concern/complaint reporting system, regular systematic review of evaluations for evidence of learning environment issues, development of wellness activities in Learning Communities, and the appointment of an Assistant Dean for Wellness (position primarily focused on GME but beginning to participate in learning community activities).

   Following Dr. Olive's presentation, members were divided into groups and were asked to answer questions regarding the learning environment. Each group was given two different questions to discuss and provide recommendations.

   Recommendations from the groups are as follows:

   1. What could we change to improve student overall satisfaction with the quality of the medical education program?
      - Continue with increased clinical focus
      - Consider moving some activities so that they have more downtime (weekends)
         o Could checkpoints be at 8AM on Friday and IQ start at 9AM?
      - Better handle on overall schedule
         o Predictable
         o Self-directed study time should remain free if we tell them that
      - Balance of competing needs of wellness and focus on school

   2. How can we as faculty better model professional behavior and attitudes?
      - Required annual training for faculty
      - Be on time
      - Take questions seriously and explain carefully
      - Be passionate about teaching
      - Have good attitudes towards patients and students

   3. What specific actions could be taken to improve the student emotional climate?
      - Personal connections with students
         o Faculty tell their own stories (similar to String of Pearls during Keystone)
         o Show genuine interest in students' lives outside of the classroom/clinical setting

- Use transitional moments to communicate the purpose of why we are doing certain things. (Giving students a chance to practice skills in a new learning environment.)
- Low stakes chances to assess/practice knowledge & skills
- Simulation – purpose clearly communicated
  - Explain that this their chance to increase confidence and "act" like a doctor before

4. What behaviors will demonstrate better respect for diversity?
   - During clerkship orientation acknowledge that students may see or experience patients or others not respecting diversity.
     - How to report; how to follow-up and debrief
     - Provide info to faculty on how to follow-up in these situations (simulated experiences on responding)
   - Faculty development – advocating, creating space for reflection and growth
   - DEI questions added to course & clerkship evals
     - This information needs to be provided to Dean Walden

5. What could be done to improve respectful interactions with students?
   - Ask students what they expect from faculty
   - Ask what students consider respectful
   - Ask faculty what they consider respectful
   - Outline roles
   - Include in syllabus/other documents: "This is what I expect from you; This is what you can expect from me."
   - Role modeling: treating students, staff, and faculty with respect
   - Faculty development on not undermining policy/rules/peers to students; what is the correct venue to "vent"

6. How can we better nurture development of students as people?
   - Learning community group events and service projects
   - Opportunity to do more social interaction during summer?
     - 50+ students doing summer research plus Tri-TRAILS students still around
   - Faculty need to show interest in students' lives
   - Faculty will hopefully be able to do more with students once TRAILS courses have run a couple of times and things "calm down"
   - Role modeling
   - Provide place for students to vent without judgement, but focus on constructive solutions
   - Faculty development on having and documenting conversations with students for growth

Dr. Click will take the recommendations from MSEC and distribute to appropriate offices and groups.

No voting action required.

7. **Discussion: Address Noise Issue in the Classrooms**

Dr. Click stated that an additional agenda item was added and apologized for not mentioning at the top of the meeting.

Dr. Click stated there have been ongoing concerns about noise in the classroom. Dr. Click noted students have been complaining about other students, faculty have been complaining about students talking when they should not have been, and some students have been complaining because they are not able to

concentrate when they are supposed to be answering questions due to the level of noise in the classroom. Dr. Click stated instead of having an open discussion, members would be divided into groups to answer two questions to help create a plan to address noise in the classroom.

Recommendations from the groups are as follows:

1. What is the root cause of the classroom being too noisy for some students? (Nature of TBL, students socializing, etc.)
   - TBL by nature is noisy
   - A lot of socializing happening
   - Personal differences in noise tolerance
   - Given too much time to discuss in groups
   - In the library, they are too close; and they can hide behind boards and columns (lack of accountability)
   - Some groups are not functioning as intended during TBL
     - Not explaining answers to others, only saying what is the correct answer choice and then socialize
   - Faculty don't feel it is their job to "police" & fear evaluation attacks
   - Problem seems to be worse with female faculty (And students evaluate women more harshly)

2. What are some ways we can address the noise issues? (Classroom management techniques, reduce time for group discussion, move students away from each other, alternative activities, etc.)
   - Faculty need to be empowered to stop discussion
     - Faculty development – use your voice & know your delivery; share the why – focus on students & professional responsibility
     - Students should not be talking during IRATs
   - Gavel or something similar to get students attention (or a gong!)
   - Visual indicator that students use to show when their group is finished discussing
   - Set expectations for timing – S.O.P. needed for all faculty for TBL timing
     - Follow submissions and end time when all have submitted
     - Give students 1 minute warning to finish
   - When students finish early in groups, they need another activity
     - Students should be discussing not just which answers are correct, but why the wrong answers are wrong.
     - Faculty should be checking in with groups to see how it's going
   - Set expectations with students at the beginning of every course
     - Remind students of professional expectations
     - When they should talk and should not talk
     - Remind them of their peers who may have different tolerances
     - Dr. Chandley has example email she could share
   - Include students in the decision-making around the rules of the classroom (self-policing)
   - Spread out groups in the large auditorium.
     - Add signs for groups (potentially permanent numbers for groups like in the library)
   - Remove white boards in the library between groups so faculty can see all groups.
     - Note that the boards can act as a sound barrier, so this needs to be monitored to see if it makes the problem worse.

Dr. Click thanked everyone for their ideas and stated she would summarize them and distribute as a plan for ways we can improve the classroom for students and faculty.

Dr. Fox asked if an update could be brought back to MSEC in three or four months on how the plan is working for reducing the noise in classroom. Dr. Click stated that this could be done if implemented and could let members know how the plan is working and could also give student feedback.

No voting action required.

The MSEC meeting adjourned at 4:08 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)

July 11, **2023** – 3:30 – 6:00 pm
July 27 – 1:00 – 2:00 pm (special called)
August 15 – 3:30-6:00 pm
September 19 – 3:30-6:00 pm
October 17 – **Retreat** – 11:30 am-5:00 pm **(in-person)**
November 14 – 3:30-6:00 pm
December 12 – 3:30-6:00 pm

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)**