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2024 February 20 - Medical Student Education Committee Retreat 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 retreat meeting on Tuesday, February 20, 2024 via Zoom.

Members Present

<u>Faculty Voting Members</u>	<u>Ex Officio Non-Voting Members</u>
Ivy Click, EdD, Chair	Beth Anne Fox, MD
Martha Bird, MD	Kenneth Olive, MD
Thomas Ecay, PhD	
Jennifer Hall, PhD	<u>Subcommittee Chairs</u>
Russell Hayman, PhD	Mike Kruppa, PhD – M1/M2 Review Subcommittee Chair
Jameson Hirsch, PhD	
Ryan Landis, MD	<u>Academic Affairs Staff</u>
Paul Monaco, PhD	Mariela McCandless, MPH
Jason Moore, MD	Aneida Skeens, MPH
Antonio Rusinol, PhD	Sharon Smith
	Ben Smith, BBA
<u>Student Voting Members</u>	
Ashlyn Songer, M1	<u>Guests</u>
Helen Mistler, M3	Amy Johnson, EdD – Assoc Dean for Faculty Affairs
Andrew Hicks, M4	Kelly Karpa, PhD – Assoc Dean for Institutional Effectiveness and Innovation
	Alex Mays, M1 – OSR Representative
<u>Ex Officio Voting Members</u>	Robert T. Means, Jr., MD – Prof Internal Medicine
Melissa Robinson, MD	Tory Street, MPH, EdD – Assist Dean for Admissions and Records
Amanda Stoltz, MD	Doug Thewke, PhD – Prof Biomedical Sciences

Retreat Meeting Minutes

Dr. Click opened the meeting at 12:37 pm.

Consent Agenda Items

<u>Item Number</u>	<u>Notes</u>
1. January 16, 2024 MSEC Meeting Minutes	Minutes reviewed by MSEC members prior to meeting.
2. M1/M2 Review Subcommittee Report a. EQUAL	Elements met or exceeded expectations .
3. M3/M4 Review Subcommittee Reports a. Underserved Medicine b. Family Medicine c. Internal Medicine	Elements met or exceeded expectations with the exception of the educational event objectives supporting clerkship objectives and these were rated as below expectations and noted to not be outlined in the course syllabus. Elements met or exceeded expectations . Elements met or exceeded expectations with the exception of NBME Exam Performance (22% of students scored at or

d. Surgery	above national mean May-November 2023), which was rated as below expectations . Elements met or exceeded expectations with the exception of Feedback is Provided to Students (82.84%) and Student are Satisfied with Overall Course Quality (81.37%), which were rated as below expectations .
Motion	MSEC adopted and approved all consent agenda items.

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

Announcements:

- Welcome New Members
 - Dr. Jameson Hirsch
 - Dr. Ryan Landis
- Update
 - Dr. Abercrombie has stepped down as course director for EQUAL. Dr. Amanda Stoltz will be replacing Dr. Abercrombie as course director beginning in the fall 2024.
- Congratulations to Kortni Dolinger on birth of daughter, Rilynn Ann Dolinger on February 17!

Action Agenda Items

Agenda Item 1 – Report: M3/M4 Review Subcommittee – Pediatrics Clerkship	
Presentation	<p>Dr. Monaco presented a review of the Pediatrics Clerkship on behalf of Dr. Roche, who was unable to be at the MSEC Retreat meeting. Dr. Jennifer Gibson is the clerkship director. The reviewers were Dr. Mary Axelrad and Hibah Virk, M4.</p> <ul style="list-style-type: none"> • Goals, Outcomes, and Objectives: Met expectations with the exception of educational event objectives supporting clerkship objectives being rated as below expectations noting that not all new lectures and morning report are linked. • Content, Delivery, and Environment: Met or exceeded expectations. • Assessment, Feedback, and Grading: Met or exceeded expectations. • Educational Outcomes: Grade breakdown met expectations with a 90.48% pass rate between May-November 2023. NBME exam performance showed that 18% of students scored at or above the national mean for May-November 2023, which was below expectations and 7.69% of students scored at or below the 5th percentile on the NBME, which met expectations. • Student Feedback: Met or exceeded expectations. • Previous Reviews: A CQI Plan was requested last year due to two areas in educational outcomes being below expectations with one of the areas now resolved. <p><u>Strengths of the Clerkship:</u></p> <ul style="list-style-type: none"> • Student comments: <ul style="list-style-type: none"> ○ Teaching of specific attendings and residents ○ Enthusiasm and approachability of attendings and residents ○ Overall students liked organization of clerkship

	<ul style="list-style-type: none"> ○ Aquifer, sim labs, feeling like part of a team also mentioned <p>Students overall identify teaching as a strength, particularly of specific attendings and residents. Many students commented that the faculty and residents were warm, friendly, approachable, and eager to teach. Several students mentioned feeling like they were an important part of the team. Overall, the students felt that the clerkship was well-organized and liked the variety of patients, experiences and patient settings to which they were exposed. There were also positive comments about the simulation sessions, about the virtual lectures, and about the use of the Aquifer cases as an organized curriculum.</p> <p><u>Weaknesses of the Course:</u></p> <ul style="list-style-type: none"> • Student comments: <ul style="list-style-type: none"> ○ Feeling clerkship was too short ○ Overcrowding at some rotation sites ○ Inability to see higher-acuity patients in NICU ○ Time taking Aquifer cases and quizzes <p>Specific concerns were addressed in self-study document along with clerkship director's reply addressing frustration over cancelled or rescheduled lectures and the process of evaluation requests.</p> <p><u>Recommended Changes for Clerkship Director:</u> Many of the weaknesses listed will likely be alleviated by the resumption of a 6-week rotation.</p> <p><u>Issues Requiring MSEC Action:</u> Need for continued CQI due to one area of prior CQI (>50% scoring at/above national mean) remaining below expectations.</p>
Motion	A motion was made to accept the report and to ask Dr. Gibson to come back to MSEC and report on what changes she is planning to make to improve the NBME scores and seconded.
MSEC Discussion	<p>Dr. Click stated the reason this report was being brought forward to MSEC is that they had a CQI Plan previously and included that they would improve the NBME exam performance and this has not been accomplished. The report requires MSEC action in the need for a continued CQI Plan.</p> <p>Dr. Monaco noted that he is new on the M3/M4 Review Subcommittee but if he had written the report, he would have noted to monitor the course going forward and not necessarily say the CQI Plan continue. He stated for something like the NBME score, you can do everything possible, but you cannot take the exam for the students and does not feel you could change the outcomes of the NBME exam.</p> <p>Dr. Click stated the original recommendation from the subcommittee was that the CQI Plan be continued and that MSEC had heard Dr. Monaco's thoughts. Dr. Click stated a motion would need to be made to accept the recommendation from the subcommittee or to accept the recommendation from Dr. Monaco of monitoring the course. Dr. Click also stated that MSEC could recommend Dr. Gibson bring back to MSEC changes she is planning to make to improve the NBME scores.</p>
Outcome	MSEC discussed and approved the motion.
Pertains to LCME Element(s) [if applicable]	8.1 – Curricular Management 8.3 – Curricular Design, Review, Revision/Content Monitoring 8.4 – Evaluation of Educational Program Outcomes

Follow-Up Discussion and/or Action Item	Dr. Gibson to bring back to MSEC the changes she will make to improve the NBME scores.
Who Responsible	Dr. Gibson
Date Report/Update Due to MSEC	Dr. Gibson agreed to present to MSEC at the March 2024 meeting.

The presented Pediatrics Clerkship review report document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 1 – M3/M4 Review Subcommittee – Obstetrics and Gynecology Clerkship	
Presentation	<p>Dr. Monaco presented a review of the Obstetrics and Gynecology Clerkship on behalf of Dr. Roche, who was unable to be at the MSEC Retreat meeting. Dr. Brad Wood is the clerkship director. The reviewers were Dr. Ben Yarger and Drew Miller, M3.</p> <ul style="list-style-type: none"> Goals, Outcomes, and Objectives: Met expectations. Content, Delivery, and Environment: Met expectations with the exception of students being satisfied (81.25%) with the learning environment, which was rated as below expectations. Assessment, Feedback, and Grading: Met expectations. Educational Outcomes: Grade breakdown exceeded expectations with a 100% pass rate. NBME exam performance showed that 21% of students scored at or above the national mean, which was below expectations and 14.71% of students scored at or below the 5th percentile on the NBME, which was below expectations. Student Feedback: Met or exceeded expectations. <p>Previous Reviews: Continued CQI Plan due to three areas remaining below expectations.</p> <p><u>Strengths of the Clerkship:</u> Student comments: Variety of practice settings, complex patients within L&D, ability to rotate in the MAT clinic. Labor and delivery was my favorite. It was so fun to be hands on and I really felt the residents let us do a lot. Exposure to material similar to what we would see on the NBME exam. They would let me get as involved as I wanted during patient encounters and let me have practice in interviewing patients which really made me feel like part of the team. Good experience with the residents and faculty. I got a full preview of OBGYN. I was able to learn a lot through the amount of hours I was assigned to work each week and was given an appropriate amount of responsibility on most of my sub-rotations. The clerkship was wonderfully organized and a great learning experience. Well-organized with most expectations made clear at the beginning of the clerkship. Exposure to complex and hi-risk OB patients. Didactics were very good. Clinically relevant and engaging. Facilitators were all very passionate about OBGYN and enthusiastic about teaching. Organization and facilitating a great learning environment. Lots of hands-on experience. Dr. Wood is one of the best clerkship directors. He is always available, thorough in his lectures, and a very approachable attending. I would say he is the most involved clerkship director in their rotation I have encountered yet. He is constantly giving lectures, promptly replying to emails, and honest with his feedback. Oral exam was a great experience in the rotation.</p>

	<p><u>Weaknesses of the course:</u></p> <ul style="list-style-type: none"> • Student comments: <ul style="list-style-type: none"> ○ <u>Setting of expectations:</u> At the beginning of Labor and Delivery, it would be nice for the residents to set expectations for students. The videos were useful but often minimal information, and finding written sources was often frustrating. I didn't have much practice writing notes. ○ <u>Improvements in resident teaching:</u> The residents are all very busy and somewhat stressed and I think there are some missed opportunities for med students to lighten their workload. More on hand skills. Residents are unpleasant to work with on average certainly compared to other rotations. Most residents seem to be miserable, and the culture doesn't seem to foster a sense of teamwork. Improvements in resident teaching. Occasionally on L&D things are a bit confusing. ○ <u>Improving the learning environment for education:</u> Sometimes residents/attendings just walk off assuming you know to follow. This did not feel like a safe place for me to learn and make mistakes. The environment was uncomfortable and it felt like I would be ridiculed for an incorrect answer or wrong presentation. No constructive or positive feedback. Encouraging residents to be less abrasive. There were good attendings and residents who did help me learn, but overall they were not. ○ <u>Improved organization:</u> Fewer lectures or more focused lectures to allow more clinical time and less time traveling between sites. The nightshift was a little disorganized and a lot of sitting around took place for us students. It did not feel as valuable of a learning experience as other weeks. Requiring students to fill out a very large log of procedures was a little cumbersome given students only usually had exposure to one surgery attending. It made it almost a guarantee that students would have to make up the procedures during their study week. I think having students rotate with different surgery attendings (maybe 2 days for each attending) would be much more helpful in getting the students exposure to all the procedures. <p><u>Recommended Changes for Clerkship Director:</u> Based on student feedback, one recommended change is to improve the process of setting expectations at the beginning of the rotation. The videos currently being used did not seem to provide the type of information the students were looking for. The onboarding process for students at the beginning of the rotation needs to provide more concise information about what is expected of the students. This could also be a good opportunity to highlight high yield areas for study in preparation for the NBME exam.</p> <p>NBME scores continue to be an issue and there was a concern voiced in the student feedback that time during the study week was being taken up with making up procedures for the procedure log. I recommend finding a way to better protect this study week time for students to help them better prepare for the NBME exam. This may help alleviate some of the poor performance still evident in the scores.</p> <p>Resident teaching is a mixed bag; both positive and negative feedback are present. Based on Clerkship Director comments, improving resident teaching and attitudes towards students is being addressed. I think this is important to make sure this issue</p>
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	<p>continues to be a top priority, but I have no specific recommendations for how to best accomplish this. The Clerkship Director will know better what strategies will work for his residents.</p> <p><u>Issues requiring MSEC action:</u> Continued CQI due to three areas below expectations (satisfaction with learning environment and NBME performance in both >50% at national average and <10% below 5th percentile).</p>
Motion	A motion was made to accept the report with a recommendation that an updated CQI Plan be submitted and seconded.
MSEC Discussion	Dr. Click stated there were three areas with below expectation ratings and per MSEC guidelines, requires that a CQI Plan be submitted by the clerkship director. Dr. Click noted the learning environment rating was a new area of concern that was not on the previous CQI Plan submitted.
Outcome	MSEC discussed and approved the motion.
Pertains to LCME Element(s) [if applicable]	<p>8.1 – Curricular Management</p> <p>8.3 – Curricular Design, Review, Revision/Content Monitoring</p> <p>8.4 – Evaluation of Educational Program Outcomes</p>

Follow-Up Discussion and/or Action Item	An updated CQI Plan to be submitted by Dr. Brad Wood
Who Responsible	Dr. Brad Wood
Date Report/Update Due to MSEC	Date to be scheduled after discussing with Dr. Wood.

The presented OB/GYN Clerkship review report document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 2 – Report: Student Feedback on Attendance – Ashlyn Songer, M1	
Presentation	<p>Ashlyn Songer, M1 presented the results of a survey that was sent to the M1 class after they received notification that the TRAILS Pre-Clerkship Attendance Policy could be changing regarding WellFlex days.</p> <p>Ashlyn noted that 73.1% of the M1 class took the time to fill out the survey and following the review of the survey results, the below conclusions were noted:</p> <ol style="list-style-type: none"> 1. Students felt seen, heard, and valued with the addition of the WellFlex days last semester. 2. Students are using the two categories (Flex and WellFlex) as they are intended. 3. A solution: Seven total Flex days are given each semester <ol style="list-style-type: none"> a. Morning of/24-hour time requirement b. No more than two used in a row c. This would alleviate the amount of people taking them on a given day d. It would eliminate the “use it or lose it” mindset e. Flex days still cannot be taken on blackout days that are provided to students at the beginning of a course 4. There is a disconnect between administration, faculty, and students.
Motion	No approval required.

MSEC Discussion	<p>Dr. Rusinol asked Ashlyn to clarify what mental health means (e.g., cannot cope with classmates, material, faculty). Ashlyn commented that it is combatting burnout and gave an example of over the last several weeks of having 60 pages of material on consecutive days. She stated there is a breaking point and having the opportunity to take the one day per month for yourself without any questions asked or explanation needed to attend to themselves and not have to come to class if they are not prepared helped.</p> <p>Dr. Robinson stated she would like for us to clarify what the policy is or has been for mental health days. Dr. Robinson stated she feels that it is not clear among themselves or among students. Dr. Robinson noted the policy already states we expect students to attend to their mental health and that a true mental health day would be a sick day that is covered. Dr. Robinson felt this needs to be clarified for students. Dr. Click agreed that this could be clarified in the future policy. Dr. Click stated changes to the TRAILS Pre-Clerkship Attendance Policy will be brought back to MSEC at the April meeting and changes would not be in effect until the 2024-25 academic year.</p>
Outcome	MSEC members informed of M1 students' concerns regarding the TRAILS Pre-Clerkship Attendance Policy.
Pertains to LCME Element(s) [if applicable]	None

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

The presented PowerPoint document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 3 – Workshop: Working Together Effectively – Keith Glover, Guest Speaker	
Presentation	<p>Mr. Keith Glover gave a presentation to MSEC members on Discover Your Leadership Voice. The objectives of the workshop were to:</p> <ol style="list-style-type: none"> 1. Recognize the characteristics of each of the five Voices <ol style="list-style-type: none"> a. Nurturer b. Creative c. Guardian d. Connector e. Pioneer 2. Identify your Foundational Leadership Voice 3. Build confidence in using your Foundational Leadership Voice 4. Commit to applying your Leadership Insights
Motion	No approval required.
MSEC Discussion	None
Outcome	MSEC members received helpful information on ways to transform team communication.
Pertains to LCME Element(s) [if applicable]	N/A

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

The PowerPoint document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 4 – Discussion: Robert’s Rules of Order Refresher	
Presentation	Dr. Click reviewed the Robert’s Rules of Order Cheat Sheet that was provided to MSEC members upon arrival. This was a refresher of the parliamentary procedures for current MSEC members and to orient new members that joined MSEC recently.
Motion	No approval required.
MSEC Discussion	None
Outcome	MSEC members were reminded of the parliamentary procedure for MSEC meetings.
Pertains to LCME Element(s) [if applicable]	N/A

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

The Robert’s Rules of Order documents are shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 5 – Report: MSEC Activities and Actions (July-December 2023)	
Presentation	<p>Dr. Click presented the MSEC Activity Report for the months of July-December 2023. Dr. Click noted that these reports will now be given at each retreat meeting instead of at the June Annual meeting.</p> <ul style="list-style-type: none"> • 34 total activities • 20 actions with votes <ul style="list-style-type: none"> ○ 12 routine actions ○ 6 substantive actions ○ 2 major actions <p>Dr. Click noted that five activities were pending completion and/or follow-up and gave updates for those activities:</p> <ol style="list-style-type: none"> 1. 10/17/23 MSEC meeting – Dr. Olive asked if students are required to complete anything during Underserved Medicine that would count toward the research requirements in the accreditation standards. Update: The Research Module of the Rural health Training series includes objectives that cover the research requirements.

	<p>2. 10/17/23 MSEC meeting – Information gathered from a breakout session to make changes to the Pre-Clerkship Assessment policy and bring back to MSEC as a future agenda item for approval. Update: The TRAILS Task Force was asked to address the assessment policy in the report presented to MSEC on 2/20/24.</p> <p>3. 10/17/23 MSEC meeting – review of the learning environment data (AAMC GQ, Y-2 Questionnaire, end-of-course evaluations, and retrospective reviews of curriculum). MSEC considered several questions and made recommendations. Update: Dr. Click disseminated the recommendations regarding the learning environment to course directors, clerkship directors, and Associate Dean for Faculty Affairs.</p> <p>4. 10/17/23 MSEC meeting – MSEC discussed ongoing concerns about noise in the classroom and made recommendations. Dr. Fox requested an update be brought back to MSEC in a few months. Update: Recommendations from MSEC were summarized in the meeting minutes and distributed at the course directors' meeting in November. An update on noise in the classroom will be given at the March MSEC meeting.</p> <p>5. 12/12/23 MSEC meeting – Changes to the Pre-Clerkship Attendance policy were discussed with no resolution. The policy will be brought back to MSEC for further discussion and approval prior to the beginning of the 2024-25 academic year. Update: Ashlyn Songer, MS-1 MSEC representative, presented student feedback on the attendance policy to MSEC members at the 2/20/24 meeting. The Pre-Clerkship Attendance policy will be placed on the MSEC agenda for vote by the April 2024 meeting.</p>
Motion	No approval required.
MSEC Discussion	None
Outcome	MSEC members were given updates on previous activity and action items from the July-December 2023 meetings and on the items still pending and/or for follow-up.
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	<p>Update #4 – an update on noise in the classroom will be given at the March MSEC meeting.</p> <p>Update #5 – Pre-Clerkship Attendance policy will be placed on the MSEC agenda for vote by the April 2024 meeting.</p>
Who Responsible	Dr. Click
Date Report/Update Due to MSEC	3/19/24 – Noise in the classroom 4/16/24 – Pre-Clerkship Attendance policy

The MSEC Activity Report documents are shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 6 – Approval: Change to Evaluation Completion Timing	
Presentation	Dr. Click presented a proposal to MSEC members to change the evaluation completion requirements. The justification for the change was the 30-day evaluation completion deadline prevents timely feedback to faculty and course

	<p>directors, timely completion of course and clerkship director self-studies, and timely completion of course and clerkship reviews by the curriculum review subcommittees.</p> <p>The recommendations were:</p> <ol style="list-style-type: none"> 1. Evaluations of faculty and/or events assigned while a course is ongoing will be due one week from the time assigned. 2. Evaluations of faculty and courses/clerkships assigned at the end of a course or clerkship will be due two weeks from the last day of the course or clerkship. <p>Dr. Click stated this will start immediately with the clerkships as they will begin their academic year on March 4, 2024. Dr. Click stated this would also change the end of course for CPR and GI and Nutrition. Dr. Click noted they would communicate the change to the students.</p>
Motion	A motion was made to approve changing the evaluation completion requirements as recommended and seconded.
MSEC Discussion	<p>Dr. Robinson commented that she is on M1/M2 Curriculum Review Subcommittee and is reviewing student comments and stated it was pretty clear to her that the students do not have time to have a perspective. Dr. Robinson stated she does not really disagree with two weeks, but feels we are about to see some evaluations that will look really different.</p> <p>Dr. Rusinol asked if there was going to be a review of the systematic process of evaluations given previous changes to the process. Dr. Click stated that we would need to finish a full academic year so there would be data available for all courses and then bring back the data to MSEC.</p>
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	Results of the review on the systematic process of evaluations following a full year of the approved change.
Who Responsible	Dr. Click
Date Report/Update Due to MSEC	July 2024

The Special Studies documents are shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 7 – <u>TRAILS and Student Success Task Force Report</u>	
Presentation	<p>Dr. Click stated that she announced at the 12/12/23 MSEC meeting that a TRAILS and Student Success Task Force had been assembled and would be providing initial recommendations to MSEC today as well as long-term recommendations at future meetings. Dr. Click stated that Dr. Olive was the chair of the task force and will be presenting the report to MSEC today.</p> <p>Dr. Olive stated Dr. Fox asked that a task force review the TRAILS curriculum as it was nearing the end of the first three semesters of the new curriculum. The task force was to review data and make recommendations for revision. Dr. Olive stated</p>

	<p>the group consisted of faculty members and student members. Dr. Olive stated that after the initial meeting, they had each member of the group submit at least three statements of “I wonder if we did this, how would it work out?” Dr. Olive stated that 40 statements were evaluated and each member of the group was asked to pick their top five statements. The top five statements would form the primary basis of the things the task force looked at to form recommendations.</p> <p>The recommendations from the TRAILS and Student Success Task Force are: (please see report for specific recommendations)</p> <ol style="list-style-type: none"> 1. IQ Session Duration 2. Checkpoint Quiz Timing 3. Additional time in EQUAL course to student development as learners 4. TRAILS System-Based Course Grading Policy 5. Classroom Technology Support 6. Faculty Development Requirements 7. Academic Support Faculty Recommendations 8. Tuesday and Thursday Scheduling 9. Consider modifications to IQ sessions, Communications Skills for Health Professionals, Integrated Grand Rounds (<i>recommendations pending</i>), and Pre-clerkship Interprofessional Education (<i>recommendations pending</i>) sessions to decompress weekly schedules 10. Integrated Assessments 11. Required Pre-Course Work <p>Dr. Click noted there are a lot of recommendations on the report and that she and Dr. Olive had discussed the ways in which to go about approving the recommendations. Dr. Click stated the first five recommendations are less controversial and feels these could easily be approved by MSEC. Dr. Click informed MSEC members that the recommendations could be approved by making a motion to approve the first five recommendations and then discuss those or could approve and then discuss the recommendations one by one.</p>
Motion 1	A motion was made to approve recommendations #1 through #5 and seconded.
Motion 2	A motion was made to divide the question with question #1 being voted on separately from questions #2, #3, #4, and #5 and seconded.
MSEC Discussion	<p>Discussion included the below questions and/or comments regarding recommendations #1 through #5:</p> <ol style="list-style-type: none"> 1. IQ Session Duration - Decrease duration of first week session for a case to 50 minutes starting at 9 am instead of the current 8 am start time. The first session of each semester should start at 8:30 am to allow time for group organizational activities. Decrease duration of second week session for a case to 1 hour 20 minutes starting at 8:30 am instead of the current 8 am start time. <ol style="list-style-type: none"> a. What process was used to gather information for the IQ sessions? <ol style="list-style-type: none"> i. Several members of the task force served as IQ facilitators and also had first- and second-year students on the task force who had completed IQ cases in the fall. It was the consensus of the task force that there was more time scheduled than was needed and one way to decrease the scheduled time per week was to cut back. b. Has the IQ course director, Dr. Monaco, been consulted?

	<ul style="list-style-type: none"> i. The course director was not consulted. Dr. Monaco, who is an MSEC member, commented and stated he agrees that the second week case does not need to be two hours. Dr. Monaco stated he does not feel that 50 minutes on the first week will give enough time to accomplish what would need to be covered. Dr. Monaco feels a more realistic time would be 1 hour 20 minutes for both sessions. c. Students in the fall semester groups tend to take longer to get through a case as they have not done this as much, but the spring semester groups are very efficient. d. The concern of the task force was not that students were getting done earlier but felt that it was an inefficient use of their time if they finished earlier and did not have anything until the top of the next hour. IQ sessions could start at 8:30 am and then end around 10:00 am right before their next class. e. Might be the easiest to standardized across all the sessions. f. Have already heard from some facilitators that they are altering the time for when students are to be in the sessions and this is not good as some students would have to be there at 8:00 am while others at 8:30 am and standardizing the time would provide uniformity across all sessions.
Motion 3	A motion was made to approve the recommendations for Checkpoint Quizzes (2), Additional Time in EQUAL Course to Student Development as Learners (3), TRAILS System-Based Course Grading Policy (4), and Classroom Technology Support (5) as written and seconded.
MSEC Discussion	<p>MSEC members continued their discussion for recommendations #2 and #4. No discussion took place for recommendations #3 and #5.</p> <p>2. Checkpoint Quizzes</p> <ul style="list-style-type: none"> a. Recommend keeping the checkpoint quiz remote. b. Move deadline for completing the quiz to 10 pm or 11:59 on Friday in order to free up weekend from studying for checkpoint. c. Recommend the start date for this begin with the start of the new M1 class (2028) and start of the M2 year for the Class of 2027. d. Recommend that Academic Affairs re-evaluate the cost of AI exam monitoring and consider implementing it for the next academic year for checkpoint quizzes. <p>Discussion:</p> <ul style="list-style-type: none"> a. How was this recommendation developed? Do we know the number of students that take the checkpoints late? Do we have feedback from those students as to how changing the deadline might affect their performance and mental health? <ul style="list-style-type: none"> i. The task force did not look at that data. A point of discussion was there would be a minority of students who would potentially be disadvantaged by having less study time if they were towards the bottom of the class, but the net benefit of more students being freed up from studying over the weekend offset that. ii. Currently in CPR, usually by Friday around 10:00 pm, there are 12 or more students who have taken the checkpoint quiz and by Saturday afternoon that increases to 50 with 20 or so students waiting until Saturday night.

	<ul style="list-style-type: none"> b. Leave the way it is as students are responsible for their own learning of when they want to take the checkpoint. c. We have had this discussion before. Some students will take at the end no matter what, but some will do it at the detriment of their own mental health because they are not taking time off, they are studying all the time, and do not have any time to do things with their family. Students will adapt if they are told this is when your test is going to be closed off, they will figure out a way to manage it. Feel it would be better for their mental health to have it done and can then do something for themselves or start studying for Monday. d. It originally ended at 12:00 pm on Saturday. If a student is struggling the end of the week, a good compromise would be to end by 12:00 pm Saturday and that would give the morning to finish. e. Is there data from other schools about whether limiting the amount of time will affect them long-term as they become physicians as they are going to make a decision about when to get their charting done? If we make the decision for them now, is there any data to say that would help them? <ul style="list-style-type: none"> iii. A couple of schools require students to come to class on Monday morning prepared for whatever that week's material is. Their weekly checkpoints are on Friday morning and then have Saturday and Sunday to prepare. iv. Some schools do not have checkpoints due until midnight on Sunday night, but those students do not get their new PBL cases until Monday morning and do not have anything to prepare for the next week. v. Feel it is important to have student voices in this decision. vi. Student voices have been heard about student mental health and will never get a consensus from the students. At some point, we have to decide some things that we believe will be better and if not, we will be discussing again. We have had a discussion about helping them managing their time better as it can be difficult to know. We have heard from students about how they are not able to do some of the community projects they want to do, they are not spending time with family, and feel overwhelmed. vii. You will always have those students who will finish things early and are ahead of the class. This puts a bookend on the end of the week and tells the student your weekend is here and to use the weekend how they want. f. This change would not be immediate and would be effective in the fall of 2024. <ul style="list-style-type: none"> 3. Recommend devoting additional time in EQUAL to student development as learners – curriculum to include professional evaluation, peer evaluation, group etiquette, and pedagogical design philosophy and evidence for effectiveness. 4. TRAILS System-Based Course Grading Policy - In light of the improved score on the CBSE for the first cohort of students to complete the TRAILS
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	<p>pre-clerkship curriculum, the group consensus was that implementation of this policy be put on hold pending review of actual USMLE performance.</p> <ol style="list-style-type: none"> a. What is the current data and how are students performing? <ol style="list-style-type: none"> i. Of the TRAIL students, approximately 58 scores have been received with two failures. b. The current policy states 70% of final exam. If applied to CPR, for example, there will be 70% on renal exam, which contains up to 20% cumulative content so that exam becomes whether you pass or do not pass the course and feel this needs to change. Can revisit the policy with more data to make a better decision. c. It makes a lot of sense where some courses have one NBME type exam at the end and others have more than one and maybe it should be as opposed this is the score on the final, an average of the NBME exams. <p>5. Classroom Technology Support - Recommend hiring an educational technologist or instructional designer who would support the faculty in the classroom during active learning sessions and may also help faculty develop more effective handouts, design videos, etc.</p>
Outcome	MSEC discussed and approved the motion.
Motion	A motion was made to change the start time for both IQ sessions to 8:30 am making both sessions 1 hour and 20 minutes in duration and seconded.
MSEC Discussion	<p>MSEC discussion on recommendation #1 continued. Dr. Click stated that the current recommendation is that the first week would be 50 minutes in duration and the second week would be 1 hour and 20 minutes in duration. The first week would start at 9:00 am and the second week would start at 8:30 am. Dr. Click reminded MSEC members that in the previous discussion, the start time should be 8:30 am for all the sessions.</p> <p>The question was raised regarding when this change would become effective. Dr. Monaco, who is the course director, stated his suggestion would be to not change mid-stream, but he does not have an objection if the group this semester wants to start at 8:30 am and they are finished in 1 hour and 20 minutes, he does not object to this as the IQ director.</p>
Outcome	MSEC discussed and approved the motion.
Motion	A motion was made to approve the Faculty Development recommendation as written and seconded.
MSEC Discussion	<p>The Faculty Development recommendation (#6) that MSEC adopt a policy requiring faculty who teach in TRAILS to engage in at least 8 hours of faculty development annually related to TRAILS-adopted teaching pedagogies was discussed by MSEC members.</p> <p>Dr. Johnson stated there will be support for faculty development. Dr. Johnson stated that one really important part of this process, and that some have seen on their FAP/FAR/FAEs this year, is for the four hours of intentional support that is self-directed at you and not the whole group of faculty, we wanted to have some direction and might include sitting with someone to review your handouts or sitting with someone to interpret your student evaluations (what I could be doing better, how are some ways I can move forward) and might also be something like classroom management and what are some strategies that we can use.</p> <p>Dr. Karpa noted that Dr. Schoborg recently signed up for IAMSE webinar series where every five weeks or so there is another faculty development series that, as a</p>

	<p>group in community, attend to accomplish the four hours in community requirement.</p> <p>Dr. Rusinol asked what was meant by the language “in which faculty review all active learning sessions.” Dr. Olive explained that if you were going to have an active learning session, you would ask a fellow faculty member to come and observe a session and then you would sit down with that faculty member to review what you did and what you could have done better. This time would count towards individual faculty development.</p>
Outcome	MSEC discussed and approved the motion.
Motion	A motion was made to approve the Academic Support Faculty recommendation as written and seconded. (See report)
MSEC Discussion	<p>Dr. Click clarified for MSEC members who the Academic Support Faculty (recommendation #7) were. Dr. Click stated the Academic Support Faculty are the Academic Support Counselors (Dr. Jean Daniels and Dr. Deidre Johnson). Dr. Click noted she spoke with Dr. Daniels, who was unable to be at the MSEC meeting, and stated that Dr. Daniels was in support of some of the recommendations for Academic Support Faculty as she felt some things they are already doing including meeting with course directors and attending classes. Dr. Click stated that Dr. Daniels and Dr. Johnson are willing to do anything they can to help support students. Dr. Click noted that Dr. Daniels is a little hesitant about agreeing to the language “third-party supplemental resources and collaboratively agree upon appropriate supplemental resources” as there are differences in knowledge of what those resources are and that some faculty are more aware than others.</p> <p>Dr. Rusinol stated that one key aspect is to meet with course directors before giving students resources. Dr. Olive stated that the sense of the faculty on the TRAILS and Student Success Task Force, who taught in the TRAILS Pre-clerkship curriculum, was synchrony in terms of learning resources from academic support faculty and teaching faculty were the most important elements.</p>
Outcome	MSEC discussed and approved the motion.
Motion	A motion was made to approve the recommendations for modifications to IQ Sessions and Communication Skills for Health Professionals to Decompress Weekly Schedules recommendation as written and seconded.
MSEC Discussion	<p>Dr. Click stated that the recommendation (#9) to consider modifications to IQ sessions is to keep IQ in the curriculum, reducing the length of IQ, and to consider adding M4 students as facilitators in the M2 year. Dr. Click stated that it keeps the Communications course as is and that MSEC has already voted on the IQ length.</p> <p>Dr. Monaco stated it would be great to have M4 students to facilitate as it is sometimes a struggle to get facilitators but noted as long as you have continuity for a case as you might have different M4 students come in the middle of a session. Dr. Monaco stated maybe faculty could cover when M4 students could not. Dr. Olive stated there might be a need for facilitator pairs as the fall semester is a time when M4 students are doing interviews and away rotations. Dr. Monaco stated if we have M4 students as facilitators that every M2 group should have an M4 facilitator so you do not have some groups advantaged or disadvantaged. Dr. Monaco stated something to potentially consider is since we have trouble getting enough facilitators for the M2 IQ, do we need IQ in the second year? Dr. Click stated this is a conversation for another time.</p>
Outcome	MSEC discussed and approved the motion.

Motion 1	A motion was made to approve the Required Pre-Course Work recommendation as written and seconded.
MSEC Discussion	<p>Dr. Click noted that she was going to move to recommendation #11, Required Pre-Course Work, due to time and felt this recommendation was important to discuss. Summary of recommendations include: Faculty will submit pre-work materials to the course director two weeks before each session they teach. Course directors will review the pre-course assignments within 2 business days of material submission. In cases where faculty have assigned pre-course work that exceeds the guidelines, the course director will counsel the faculty member responsible for the session to decrease the material to be consistent with College of Medicine guidelines. Should faculty members fail or refuse to reduce pre-course work to comply with guidelines, they will be reported to the Vice Dean and their department chair for action. If faculty repeatedly ignore or refuse to adhere to the pre-work guidelines, this action will be noted in the annual faculty evaluation process. All required pre-course work will be posted at least one week in advance of the session.</p> <p>Dr. Click stated there are guidelines around the appropriate amount of assigned pre-work. Dr. Click stated some of the guidelines are included in the Pre-Clerkship Medical Student Scheduled Time and Workload policy and there are separate guideline documents for faculty. Dr. Click stated Dr. Olive mentioned there are a lot of variations among sessions and some of that could be due to the content or difficulty or could be differences in faculty on how they put the material together. This recommendation is trying to establish more uniformity.</p> <p>Dr. Olive stated he thought it would be good to hear from students regarding this recommendation. Alex Mays, who was a student representative on the task force, stated he agreed with the discussion about inconsistency and this is his biggest complaint with the way the course materials are presented to them. Alex stated something that was discussed in the task force meetings was there is a standardized way of how to create a handout and does not feel like many professors are complying with this and this is why this was added to the recommendation.</p> <p>Ashlyn Songer stated this past week there has been variability on different days with one day getting 58 pages of material and the next day 12 pages of material. Ashlyn stated having a more uniform way of doing things would make it less overwhelming. Dr. Hayman stated some topics may require more information than others and with the amount of time they are given for a particular session, a lot of material has to be covered, and it is difficult to condense the material to 10-12 pages. Dr. Hayman stated that in those cases, maybe it should be where you have more of an average per week rather than limited to a day. Dr. Monaco agreed and stated he felt their responsibility as faculty is to provide what they feel is the body of information that will help the students master the material and sometimes, there is a lot of material on a topic. Ashlyn agreed that some things have to be lengthy because of the amount of material they have to learn but trying to find a balance each day would be good. Dr. Click asked if some sessions should be more than two hours if the content is so much and is trying to be condensed into too short of a time and other sessions are not taking as much time or do not have as much material that redistribution of the content may be need. Dr. Click stated this is something we could be reviewing in general. Dr. Olive stated there are guidelines and the guidelines are not being followed so the sense from the task force was we needed some enforcement metrics.</p>

	After much discussion, Dr. Click stated the motion, as it stands right now, is to approve the recommendation as written.
Outcome	The motion failed.
Motion 2	A motion was made to return the Required Pre-Course Work recommendation back to the TRAILS and Student Success Task Force for further discussion and recommendation and seconded.
	Following the failure of the motion, discussion ensued regarding the amount of material covered in a session and faculty members failing or refusing to reduce pre-course work. Dr. Click reminded MSEC members that the current motion on the table was to send the recommendation back to the task force for further discussion.
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	Required Pre-Course Work – MSEC voted to return the recommendation back to the TRAILS and Student Success Task Force for further discussion and recommendations.
Who Responsible	TRAILS and Student Success Task Force
Date Report/Update Due to MSEC	March 19, 2024 MSEC meeting

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

Dr. Click stated there were two recommendations that MSEC did not review today, Tuesday and Thursday Scheduling and Integrated Assessments. Dr. Click stated the Tuesday and Thursday Scheduling recommendation will be on the March 19 MSEC agenda and the Integrated Assessments recommendation will be on the April 16 MSEC agenda.

The MSEC meeting adjourned at 5:02 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**)