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Medical Student Education Committee Minutes

6-18-2024

# 2024 June 18 - Medical Student Education Committee Annual Meeting Minutes

Medical Student Education Committee, East Tennessee State University

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# The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met for a meeting on Tuesday, June 18, 2024 via Zoom.

## **Members Present**

Faculty Voting Members	Subcommittee Chairs
Ivy Click, EdD, Chair	Mike Kruppa, PhD – M1/M2 Review Subcommittee
Caroline Abercrombie, MD	
Martha Bird, MD	Academic Affairs Staff
Jean Daniels, PhD	Kortni Dolinger, MS
Thomas Ecay, PhD	Heather Love, BA
Jennifer Hall, PhD	Mariela McCandless, MPH
Russell Hayman, PhD	Aneida Skeens, MPS
Jameson Hirsch, PhD	Sharon Smith, CAP
Paul Monaco, PhD	
Antonio Rusinol, PhD	Guests
	Michelle Chandley, PhD, MPH
Student Voting Members	Greg Cooper, MD – Clerkship Director FM
	Kelly Karpa, PhD – Assoc. Dean
	Tom Kwasigroch, PhD – Anatomy Professor
Ex Officio Voting Members	Robert Means, MD Professor
Melissa Robinson, MD	Tory Street, MPH, EdD – Assist Dean for Admissions and
	Records
Amanda Stoltz, MD	
Ex Officio Non-Voting Members	
Beth Anne Fox, MD	
Kenneth Olive, MD	
Rachel R Walden, MLIS	

## **Meeting Minutes**

Dr. Click opened the meeting at 12:07 pm.

Agenda Item 1 – Report – MSEC Activities Jan – May 2024 / July – Dec 2023	
Presentation	Two reports were distributed at the meeting. The first was the July – December 2023 Activity Report which has already been viewed by the committee. The second was the Activity Report for January – May 2024. Dr Click stated with the two reports combined, there were about 70 activities. The report is broken down into routine actions, substantive actions, or major actions. In the second half of the year, there were 12 routine actions which included items such as curricular reviews

Motion	<ul> <li>of course and clerkship reports, CQI plans, elective approval, standing subcommittee reports, consent agenda items, and other things that are done on a routine basis. There have been 13 substantive action reports such as adoptions of new policy revisions or plans that have broad implications for the curriculum. A lot of the substantive actions of the last year have come through the TRAILS and Student Success Task Force. Changes were made to Institutional Outcomes benchmarks, workload policy, and attendance policy. There were two major actions items: development of a faculty development policy and Learning Communities curriculum approved as a course. There were six follow-up items that were left pending from previous meetings and four items that are pending completion.</li> <li>Results on the review of systematic changes to faculty evaluations following a full year of the approved change. Recommendation: The Evaluation and Assessment Working Group will meet to evaluate changes to the evaluation process and present to MSEC at a future meeting.</li> <li>The IGR committee is to bring back a redesign proposal. They have met once and it is recommended that they bring their update back to MSEC by August.</li> <li>The Admissions Committee was asked to review the recommended courses for admission to better compliment the new curriculum. Anatomy has been added as a recommended undergraduate offering and is currently included in the list on the admissions website. They plan to ask the committee to review all of the suggested course work at a future date. Recommendation: an admissions representative will present the results of that review to present at a future meeting this year.</li> <li>Several changes to IP have been recommended and Dr. Cross was to report on those changes. Dr Click met with Dr. Cross and Dr. Abercrombie. Recommendation: Dr. Cross is to report back to MSEC by December 2024 regarding the changes made.</li> <li>Dr. Click asked for a MSEC representative to approve the recommendations on the pendin</li></ul>
MSEC Discussion	Dr. Olive adved who knows up with all the estimities. Dr. Olive serves ded Olivers
NISEC Discussion	Dr. Olive asked who keeps up with all the activities. Dr. Click responded Sharon Smith keeps up with the activity table.
Outcome	MSEC discussed and approved the recommendations.
Pertains to LCME	8.1 – Curricular Management
Element(s) [if applicable]	8.2 – Use of Medical Educational Program Objectives
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The Activity Report document is shared with MSEC Members via Microsoft Teams document storage.

D	Dr. Click proported a TDAUS Undeterment with the following information
Presentation	<ul> <li>Dr. Click presented a TRAILS Update report with the following information:</li> <li>The class of 2026 was the first to enter the new curriculum. They just finished period 2 of clerkships. The class of 2027 will begin their M2 year on July 29 and the class of 2028 will begin on July 15. The class of 2025 is the only Legacy class left.</li> <li>Last year the accelerated pathway Tri TRAILS was launched. The class of 2027 had six students accepted into the program. Currently 3 FM, 1 IM, and 2 Pediatric students are completing ambulatory and research rotations at their sites. Can accommodate up to 9 students per class.</li> </ul>
	<ul> <li>How did we do with each of the pre clerkship courses for 2022/2023 and 2023/2024?</li> <li>Overall, our courses have performed well above expectations in overall quality, quality of teaching and course organization.</li> <li>FMK scored higher the first year of the new curriculum than the second year. They now have a CQI plan.</li> <li>Doctoring TRAILS 1 was lower the first year. They had a CQI plan and the second iteration scores were higher.</li> <li>The biggest opportunity for improvement is with the overall cours organization.</li> <li>Before BBB there was Clinical Neuroscience which had multiple</li> </ul>
	<ul> <li>interventions. The first numbers for BBB are excellent.</li> <li>At the end of each academic year, a retrospective review of the curriculum is done. The students, M1 class of 2026, M1 class of 27, and M2 Class of 2026, were asked as a whole how did we do this year.         <ul> <li>Coordination and integration of content was an area where we had been citied from LCME but the numbers have improved to above 85% satisfaction.</li> <li>Quality of teaching is very highly evaluated.</li> <li>We continue to work and focus on the general organization of courses.</li> <li>Learning environment and overall satisfaction were also highly</li> </ul> </li> </ul>
	<ul> <li>rated however, overall satisfaction with the pre-clerkship phase was just 79.8% for the M2 class of 2026.</li> <li>84% of students agreed the pre-clerkship curriculum provide a foundation for preparing for Step 1.</li> </ul>
	<ul> <li>Early Outcomes         <ul> <li>The M1 class of 2026 were given vouchers to take the Comprehensive Basic Science Self-Assessment which is different from the CBSE which is an in-person exam with national norms. The exam is taken at the end of the M1 year and at the end of the M2 year before they take Step 1.</li> <li>QCOM mean is above national average. Close to 60% were above the 50<sup>th</sup> percentile.</li> <li>For the class of 2026, the first TRAILS class, the QCOM CBSE</li> </ul> </li> </ul>

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	the $10^{\text{th}}$ percentile, 66% above the $50^{\text{th}}$ and 53% had a predicted
	passing score on Step 1. Compared with the previous Legacy
	<ul> <li>classes, they did significantly better.</li> <li>Step 1 results for 2024 &amp; 2025 were about 89%. For the class of</li> </ul>
	<ul> <li>Step 1 results for 2024 &amp; 2025 were about 89%. For the class of 2026 it is about 93%.</li> </ul>
	<ul> <li>Comparing the class of 2025 Clerkship Exams to the class of 2026,</li> </ul>
	NBME average results were higher this year except for OB/Gyn
	which was about the same. National percentiles were also higher
	with the exception of OB.
•	• What needs to be improved?
	<ul> <li>Balance of work across weeks / days</li> </ul>
	the amount of work expected during scheduled days.
	<ul> <li>Sequencing changes / organization.</li> </ul>
	<ul> <li>Anatomy continuing to be tweaked.</li> </ul>
	The first year of the TRAILS curriculum, Anatomy was
	once a week the first semester and then spread periodically throughout the rest of the curriculum. The students did not
	like that. This year, it was at the beginning of the
	curriculum. The students didn't like that either.
	• Consistency and amount of pre-work.
	Example: variation in hand outs and power points
	<ul> <li>Consistent implementation of active learning</li> </ul>
	<ul> <li>Better onboarding of new faculty</li> </ul>
	As new faculty are introduced to the curriculum, they need to be
	onboarded with details about how they should run their sessions.
Char	nges being made:
	Reducing IQ session duration by 30 minutes.
•	• Requiring faculty to engage in at least 8 hours of CE annually related to teaching.
	<ul> <li>Closer interaction between academic support and faculty.</li> </ul>
	• Keeping either Tuesday (M1) or Thursday (M2) open as a study day of
	possible.
	Added pre-work guidelines to Schedule Time and Workload Policy.
	Dr. Click will send out to all teaching faculty before the start of the year.
•	Adding integrated assessments by Fall 2025.
3371	t's next:
Wha	
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	<ul> <li>Increasing class size to 100 by 2026</li> <li>Dr. Block has given a charge to increase class size to 100 students by 2026</li> </ul>
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	<ul> <li>Dr. Block has given a charge to increase class size to 100 students by 2026. This has to be submitted to LCME showing that we have the resources to support extra students.</li> <li>Adding Emergency Medicine Clerkship</li> <li>Finding ways to accommodate more students <ul> <li>Splitting classes into two</li> </ul> </li> </ul>

	<ul> <li>Additional sites</li> <li>Changing the duration of clerkships</li> <li>LICs?</li> </ul>
Motion	No approval required.
MSEC Discussion	Dr. Monaco asked if going to 100 students was a mandate? Dr. Click responded that the Dean has charged the committee to increase to 100 students. Dr. Abercrombie stated the conversation had with her was about what resources, staff and equipment would be needed to get there from an experiential learning standpoint. Dr. Click added there had been discussion about buildings, small group rooms, large group spaces, faculty, and recruiting. Others mentioned additional academic counselor support and cost in terms of library resources. Dr. Daniels asked who will be leading finding ways to accommodate more students? Dr. Click replied Dr. Fox. She continued stating currently we are working with Ballad for additional clinical assistance and multi-specialty groups. Faculty will be asked to provide input on their perspective needs.
Outcome	N/A
Pertains to LCME Element(s) <i>[if applicable]</i>	

Agenda Item 3 – D	iscussion: Basic Science & Clinical Connections
Discussion	Dr. Johnson asked members and attendees to individually reflect on the follow questions: If clinical: What are you observing or noticing about TRAILS students who are entering your clinics? What do you with you knew about the pre-clerkship experience?
	If pre-clerkship: What are you hearing from students about TRAILS pre-clerkship courses? What do you with you knew about the clinical training of students?
	She then asked for small group discussion with the follow:
	<ul> <li>Focus first on positive elements of student training and development.</li> <li>Each person should share at least one positive observation or experience.</li> </ul>
	<ul> <li>Improved metrics for student test results.</li> </ul>
	<ul> <li>Students are more willing to interact in clinical and didactic settings.</li> </ul>
	<ul> <li>Increase in integration of disease and processes.</li> <li>No negatives with students moving from Legacy to TDAULS</li> </ul>
	<ul> <li>TRAILS.</li> <li>Clinical acumen exhibited in Doctoring 1 and 2 was much improved.</li> </ul>
	<ul> <li>Students seem to be willing, engaged and active - cooperative.</li> </ul>

	<ul> <li>First cohort of students are very smart, are well trained, and their medical knowledge is really good.</li> <li>Forced to make content clinically relative.</li> <li>Share your questions with one another.         <ul> <li>Are students being professional in the clinical clerkships because they are not always being professional in the pre-clinical years?</li> <li>What are student's deficits coming from pre-clerkship into clinicals?</li> <li>Feedback from clinicians about gaps and priorities.</li> <li>What would be the correct blend of group activity during sessions?</li> <li>Has attendance interests changed since Covid. Do students seem to be more absent?</li> <li>Are more students designating a specialty when starting clerkship?</li> </ul> </li> <li>Share challenges you still face.         <ul> <li>Pre-clinic faculty time limitations and workload. Clinical lack of preceptors.</li> <li>How to deal with students with disabilities or introverted?</li> <li>Complaints about students not wanting to come to class or wanting to leave clinicals as soon as possible to study for tests.</li> </ul> </li> <li>Prepare to report out with:         <ul> <li>At least three positive observations or experiences.</li> <li>Two questions (answered or unanswered). Unanswered questions should take priority.</li> <li>One challenge your group faces.</li> </ul> </li> </ul>
Motion	No approval required.
MSEC Discussion	None
Outcome	N/A
Pertains to LCME Element(s) <i>[if applicable]</i>	1.1 – Strategic Planning and Continuous Quality Improvement

The MSEC meeting adjourned at 4:54 p.m.

#### **MSEC Meeting Documents**

MSEC Members have access to the meeting documents identified above through the shared Microsoft Teams document storage option made available with their ETSU Email account and login.

# If you are unable to access Microsoft Teams MSEC Team please contact: Aneida Skeens at: <u>skeensal@etsu.edu</u>. Telephone contact is: 423-439-6233.

#### MSEC Meeting Dates 2023-2024: (Zoom meetings unless noted)

January 16, <u>2024</u> – 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 MSEC Minutes - January 16, 2024

- 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)