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Medical Student Education Committee Minutes

6-18-2024

2024 June 18 - 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 meeting on Tuesday, June 18, 2024

Members Present

<u>Faculty Voting Members</u>	<u>Subcommittee Chairs</u>
Ivy Click, EdD, Chair	Mike Kruppa, PhD – M1/M2 Review Subcommittee
Caroline Abercrombie, MD	
Martha Bird, MD	<u>Academic Affairs Staff</u>
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	<u>Guests</u>
	Michelle Chandley, PhD, MPH
<u>Student Voting Members</u>	Greg Cooper, MD – Clerkship Director FM
	Kelly Karpa, PhD – Assoc. Dean
	Tom Kwasigroch, PhD – Anatomy Professor
<u>Ex Officio Voting Members</u>	Robert Means, MD Professor
Melissa Robinson, MD	Tory Street, MPH, EdD – Assist Dean for Admissions and Records
Amanda Stoltz, MD	
<u>Ex Officio Non-Voting Members</u>	
Beth Anne Fox, MD	
Kenneth Olive, MD	
Rachel R Walden, MLIS	

Meeting Minutes

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

Consent Agenda Items

Item Number	Notes
1. May 21, 2024 MSEC Minutes	Dr. Click stated she was removing the meeting minutes from the Consent Agenda due to a correction on agenda item 4 – EQUAL Course changes for Fall. These will be voted on separately.
2. Grading System Policy	Approved
3. M3 Clerkship Grading Policy	Approved
4. Generalists to PCT Transfer Policy	Approved

5. M3-M4 Course Review a. Keystone	Elements met or exceeded expectations with the exception of session objectives need to be linked to course objectives.
Motion	MSEC approved consent agenda items 2-4.

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

Announcements:

- Teaching Intensive workshop June 28 by Dr. Amy Johnson. This does qualify as a faculty development session.
- Class of 2028 begins July 15. The class is currently filled.
- IQ Facilitator training will be June 25, from 10:00 – 12:00 in the Medical Library. This qualifies as a faculty development session.
- Dr. Olive stated that Dr. Amadio has an upcoming session on grading standardized patients.
- Dr. Click stated that the website is being updated due to accessibility changes. If you cannot find what you are looking for, Dr. Click or Aneida can help. The deadline for changes is July 1.
- The next MSEC meeting is July 9.

Removed from Consent Agenda:

Correction to May MSEC Minutes	Dr. Click asked that the minutes for Agenda Item 4 – EQUAL Course Changes for Fall be updated to read: Dr. Abercrombie asked about the Intersectionality session that had been removed. She noted that the social identity wheel and reflection session are covered during IPE, but the cases used are not included in IPE. She stated that the cases were well-written and hoped they would be used somewhere. Dr. Stoltz noted that Intersectionality is covered later in the curriculum and we are currently investigating how the cases could be incorporated into the current curriculum. Dr. Click noted that one of the task force recommendations was about providing more information during orientation about learning in our curriculum which has been addressed with the added sessions.
Motion	A motion was made to approve the corrected May MSEC minutes.
MSEC Discussion	None
Outcome	MSEC adopted and approved the corrected May 21, 2024 Meeting Minutes.

Action Agenda Items

Agenda Item 1 – Effective Committee Work	
Breakout Session	Dr. Johnson led a session for MSEC on working together effectively. MSEC members were given a set of editorial cartoons and asked to choose their favorite one and then make a list of how the cartoons may relate to MSEC and if any of them bring to mind recommendations that might help MSEC work better.

	<p>Discussion and recommendations following the activity included:</p> <ul style="list-style-type: none"> • MSEC has a good mix of faculty, staff, and administration. There is mutual respect and people are invested in the curriculum. • Have two co-moderators to assist and support the chair. Have a designated calendar where upcoming events can be listed. Conclude meetings with a summary of what was touched on, who is responsible, timeline, and means of communication. • MSEC is a collegial group. There have been times in the past with lengthy discussions that did not always reach a conclusion. • The work of subcommittees is important. Members need to be made aware that subcommittees can be very work-intensive. • MSEC works well together and adapts well to changing situations. • There should be guides, especially for non-members, on how the MSEC process works. Dr. Olive suggested at a future meeting to explain how the agenda process works. • One group appreciated the consent agenda and the recent review of Robert’s Rules which they felt made meetings more efficient and effective. They felt a quick review of rules at the beginning of the meeting or in the agenda would be helpful. • Suggested agenda scheduling for course review and subcommittees. Information flow is not allowing review committees to keep up with agenda expectations and how to align the schedule for the agenda for course reporting and subcommittee reporting. • On important discussions/decisions, suggested having an extra meeting so members would have a chance to more thoroughly contemplate the proposal. • Time management of MSEC meetings was also discussed with comments including this has improved over the past year. <p>Dr. Johnson stated that she and Dr. Click will review this information and bring back to the group answers to some of the questions raised here. Dr. Click thanked the committee members for their candor and hard work on the committee.</p>
Motion	No approval required
MSEC Discussion	None
Outcome	N/A
Pertains to LCME Element(s) [if applicable]	1.1 – Strategic Planning and Continuous Quality Improvement

Follow-Up Discussion and/or Action Item	Add MSEC agenda process to future meeting
Who Responsible	Dr. Click
Date Report/Update Due to MSEC	October 2024

Agenda Item 2 – CQI Plan – FMK	
Presentation	

	<p>Dr. Click reminded the committee that MSEC had previously voted to require a continuous quality improvement plan for Foundations of Medical Knowledge.</p> <p>Dr. Rusinol reviewed the CQI Plan for Foundations of Medical Knowledge</p> <ol style="list-style-type: none"> 1. 36% of students were dissatisfied with course organization. Students felt the course did not have a logical arrangement. <ol style="list-style-type: none"> a. Improvement Steps/Strategies <ol style="list-style-type: none"> i. New formal session on EQUALS ii. Longer FMK course introduction iii. Further grouping of topics around themes and/or disciplines. iv. Group daily sessions by faculty as much as possible. 2. 16.7% of students were dissatisfied with the quality of teaching. Students felt there was too much material. <ol style="list-style-type: none"> a. Improvement Steps/Strategies <ol style="list-style-type: none"> i. Provide individualized support/mentoring in material preparation to faculty with lower student evaluation scores. ii. Provide development to all course faculty on how to create and run TBL exercises. iii. Standardize pre-work materials/teaching styles across professors. 3. 35.9% of students disagreed that the amount of material covered was appropriate. <ol style="list-style-type: none"> a. Improvement Steps/Strategies <ol style="list-style-type: none"> i. Monitor pre-work for adherence to MSEC policies with enough time to allow for changes in length/difficulty. ii. Delay the beginning of the anatomy section within the course to allow students to transition to study practices required in medical school.
Motion	A motion was made to approve the presented CQI Plan - FMK and seconded.
MSEC Discussion	<p>Dr. Olive asked what the average amount of out-of-work time is per hour of in-class work. Dr. Rusinol responded that it varies from 2 hours per day to 7 or 8 per four hours of class time. Dr. Abercrombie asked if this was the second year that Anatomy was moved and if this was any different than last time? Dr. Click stated last year was the first year that Anatomy was grouped together. The first year of the TRAILS curriculum, it was once per week. This year it is still grouped together but it is delayed a week. This was done based on student comments. Dr. Abercrombie suggested having an advisory group or task force look to see if Anatomy is too spread out. Dr. Click replied that this will be looked into further.</p>
Outcome	MSEC discussed and approved the motion.
Pertains to LCME Element(s) [if applicable]	1.1 – Strategic Planning and Continuous Quality Improvement

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

The CQI Plan - FMK document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 3 – <u>Pre-Clerkship Student Scheduled Time</u>	
Presentation	<p>Dr. Click stated per the Pre-Clerkship Medical Student Schedule Time and Workload Policy, the average pre-clerkship schedule time for educational activities should not exceed 24 hours per week. The estimated time to complete required prep materials for class should not exceed the scheduled in-class time. She presented a report showing hours of scheduled time per week by semester by course. For each course, the total number of student contact hours divided by the number of weeks of the course gives the average hours per week. For the 2023-24 AY, students were scheduled approximately 20 hours per week averaged over the semester.</p> <p>Dr. Click stated on Faculty Evaluations a question is asked per one hour of scheduled time, about how much time was engaged in assigned reading, videos or online modules to prepare for in-class activities? The average is 2.2 hours for M1 Fall, 2.3 hours for M1 Spring and 2 hours for M2.</p>
Motion	No approval required.
MSEC Discussion	<p>Dr. Monaco stated the average number of hours in FMK is 15 ½ hours per week. By MSEC guidelines, we are saying for M1s first year of FMK it is only 30 hours a week of effort when it is one-to-one. Dr. Click replied doctoring hours have to be taken into account as well. Dr. Olive stated this is a required activity. Students are also supposed to have time to study on their own. It is not just one hour of out-of-class activity and one hour of in-class activity. They should be spending significantly more time working on their own. Dr. Robinson asked if there were other required activities? Dr. Rusinol responded Learning Communities. Dr. Click did not put Learning Communities in her presentation because they were not a required activity last year. It just averages out to be about one hour per week. Dr. Daniels asked if there were patterns identified based on either subject matter or instructor patterns. Dr. Click responded there are instructor patterns but she did not bring that to MSEC because she felt that was for the faculty member and course directors to discuss. Dr. Olive pointed out this was a commonly sighted LCME issue. Dr. Abercrombie asked how faculty members and course directors could be made aware of page and video limits. Dr. Click replied prep guidelines have been added to the policy. The policy could be sent out again to all the teaching faculty with a note the guidelines are an appendix to the policy. Dr. Monaco suggested including a word count guideline. Dr. Stoltz asked if the students are being asked how much time is being spent outside of pre-work. Dr. Click responded that is not currently being asked. Dr. Stoltz replied it would give an idea of how much other time they are spending and also help them realize that two different questions are being asked.</p>
Outcome	N/A
Pertains to LCME Element(s) <i>[if applicable]</i>	8.8 – Monitoring Student Time

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

The Pre-Clerkship Student Scheduled Time document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 4 – Task Force – Doctoring, [Gaps and Redundancies](#), [Keystone](#), [Course Review Timeline](#), and [Faculty Evaluation in Courses with Multiple Faculty](#)

Report

Gaps and Redundancies

Dr. Karpa presented a report from the TRAILS and Student Success Task Force on Gaps and Redundancies which had feedback from the first TRAILS class. CBSE scores were above the mean with substantially more students achieving passing scores. Lower disciplines were also looked at. Recommendations:

- Immunology and genetics – being early in the curriculum, it would be helpful if it could be “spiraled” throughout the curriculum to remind students of these topics.
- Physiology (respiratory block) – was not strong for the class of 2026 but changes have been made for the class of 2027.
- Histology and Cell biology – a student comment was that if they had been asked questions about “normal”, they would not have known the answers.

Dr. Karpa stated they next looked at system-specific data based on checkpoints. Students take weekly checkpoints and over the course of the 2026 class of three semesters, there was a total of 1,447 checkpoint questions cumulatively. Faculty were asked to identify a discipline that they thought most closely represented each of the questions. When looking at what percentage of questions from the total number of questions were represented in the weekly quizzes assuming there is a ratio of questions to content, our numbers do not add up to what the USMLE percentages are. Dr. Karpa felt this was okay because USMLE might have one question tied to three different disciplines whereas most of our questions are tied to just one. Looking at the relative proportions of ours versus USMLE, it does look like we are spending the right amount of time on each discipline.

Institutional Educational Objectives

Using the institutional objectives, how is curriculum content mapping to the different institutional objectives? Based on the information already populated, a lot of patient related objectives are not being covered. Some IQ cases and many application questions that are being asked in the classroom have some of those patient-related objectives. Faculty and course directors might need to re look at those individual sessions to see whether or not we are missing things based on our current mapping strategies. Dr. Click stated there will be a full report which will show specific gaps. She feels that faculty & course directors will identify more items that are being covered once they review the report. If it is a true gap, then that can be identified.

USMLE Content Mapping

Students commented about the absence of the following:

	<ul style="list-style-type: none">• Eating disorders, impulse control and exercise, starvation calorie maintenance and protein-calorie malnutrition, vitamins/deficiencies• Physical/physiological changes across the lifespan (generally missed across the curriculum) and older adult topics• Hemophilia• Sexual and gender identity dysphoria / dysfunction topics• Cerebrovascular topics• Cystic fibrosis (multisystem disorders)• Congenital disorders• Biostats – maybe add online modules <p><u>Curricular Redundancies</u></p> <ul style="list-style-type: none">• Valvular heart disease – in class portion• Hirschsprung’s disease• Toxins and environmental extremes – not high yield• Traumatic/mechanical disorders of nasal cavity/sinuses – not high yield• Pulmonary alveolar proteinosis – not high yield• Occurrence and recurrence risk determination – not high yield• Bacterial endocarditis – redundant• Cardiomyopathy – redundant• Pancoast Tumor and Dr. Henry Pancoast• Hoerner’s Syndrome <p>Students are currently reviewing the DCI for these topics with uncertain coverage:</p> <ul style="list-style-type: none">• Continuity of care/prevention/acute care/chronic care• Life cycle• Scientific method/research• Societal problems <p><u>Dr. Olive continued the presentation with Recommendations:</u></p> <ol style="list-style-type: none">1. Keystone Course<ol style="list-style-type: none">a. There was no unnecessary redundancy, however, with the change in the M4 curriculum, there will be available time. If omissions to the M4 curriculum are found, the Keystone Course is a place that a lot of those can be placed.2. Doctoring Courses<ol style="list-style-type: none">a. No unnecessary redundancy found.b. Dr. Amadio has been working on reducing session time by 10%.3. Curriculum Review Subcommittee Process<ol style="list-style-type: none">a. Accelerate timeframe for M1/M2 subcommittee reporting<ol style="list-style-type: none">i. Student evaluations have already been reduced from 4 weeks to 2 weeks.ii. Course director self-studies should be turned in within 4 weeks.iii. Review subcommittee should get their report out within 8 weeks.b. M3/M4 subcommittee – no changes. <p>Pending Recommendations:</p> <ol style="list-style-type: none">1. Faculty evaluation process for courses with large numbers of faculty members with limited teaching.2. Optimal anatomy teaching.
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	<p>Dr. Click stated the change in shortening the timeframe for student evaluations will help speed up reviews.</p> <p>Dr. Ecay recommended taking the Gaps and Redundancies content out of the motion because it is an interim report and the review is ongoing.</p>
<p>Motion (1)</p>	<p>A motion was made to approve all of the recommendations and seconded.</p>
<p>MSEC Discussion</p>	<p>During Dr. Karpa’s presentation, the following questions were asked:</p> <ul style="list-style-type: none"> • Dr. Karpa asked Dr. Daniels if she had insight as to how students are using CBSE reports to guide their study. Dr. Daniels stated it has evolved as the TRAILS curriculum has evolved. Doing it earlier has been helpful. The first year’s class did not take it. For this past year’s class, it was emphasized how important this is for them to have a starting point to target weak areas. • Dr. Ecay asked Dr. Daniels to give insight into student behaviors after the first CBSE versus the second and when are they addressing their deficiencies. She stated this is the first time this is being used as an early benchmark for them to be able to remediate. They were very proactive this time in letting students know why it is important and they started having meetings right away. Dr. Click stated the class of 2026 had vouchers for the CBSSA and didn’t do the in-person one. They did do the December CBSE. • Dr. Monaco asked Dr. Karpa to speak on the recommendation about Immunology and Genetics being spiraled throughout the curriculum. She stated the students mentioned specific medical conditions that they felt could also be put later on in the curriculum as reminders. Dr. Hayman stated the amount of time spent on immunology is definitely less than with the Legacy curriculum and there could be areas that are reintroduced throughout the year. • Dr. Monaco asked if he could do multiple disciplines for the IQ checkpoints. Dr. Karpa responded that might be something that should be discussed as a group. Dr. Click stated it might be interesting to bring back some of the more specific results at a future meeting now that things have been retagged. Dr. Olive asked Dr. Hayman if new tags are added does that mess up exam soft following the question? Dr. Karpa responded that it would. Old data could not be used to compare with new. • Dr. Rusinol stated that eating disorders is being covered although there might not be one session with all the vitamins and medications covered. Dr. Hayman stated vitamins and some eating disorders are covered in GI Nutrition. Dr. Ecay noted that eating disorders could easily fall through the cracks because is it GI Nutrition, BBB, endocrine or all of them. There is also a nutrition case in IQ. • Dr. Monaco asked if course pre-work, handouts etc. could be scanned for mapping? Dr. Click replied that Leo would search the content of the materials if they were uploaded. Dr. Stoltz asked if materials in D2L are copied over to Leo. Dr. Click replied there had been a general discussion that once the session had run then materials would be put in Leo.

	<p>Dr. Click stated the Gaps and Redundancies report would be sent out to course directors and faculty with specific recommendations to look at and what areas to review.</p> <p>Dr. Kruppa stated the subcommittees are already meeting the recommended timeframe. The delay is with the student and course director evaluations.</p>
Motion (2)	A motion was made and seconded to amend the previous motion to remove Gaps and Redundancies recommendations because it is an interim report and the review is ongoing.
Outcome	MSEC discussed and approved the amended motion.
Pertains to LCME Element(s) [if applicable]	8.1 – Curricular Management

Follow-Up Discussion and/or Action Item	Send Gaps and Redundancies Report to Course Directors
Who Responsible	Dr. Ivy Click
Date Report/Update Due to MSEC	N/A

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

Agenda Item 5 – Pre-Clerkship Assessment Policy	
Presentation	<p>Dr. Click stated that at a previous meeting the TRAILS and Student Success Task Force was asked to look at the Pre-Clerkship Assessment Policy. Previously a policy had been approved that required students to score at least 70% on the final exam and have a cumulative final score of 70 or above in order to pass the course. If they did not have a passing score on the final, they would have a second attempt to pass. If they did not pass on the second attempt then they would be considered failing the course. The task force had previously recommended this be delayed until more data was received on how the students are doing in the TRAILS curriculum. The task force has considered that the implementation of this portion of the policy continue to be delayed due to positive results from the Class of 2026. Dr. Olive stated previously Step 1 numbers had declined, the failure rate was increasing, NBME subject exams were declining in both the pre-clerkship and clerkship phases of the curriculum, which is where this policy came from. Now data shows that students in the first cohort of the TRAILS curriculum have done better on Step 1. The current pass rate is 93%, with a couple of students outstanding. For the clerkship phase of the curriculum, after one clerkship period, this year’s performance has been meaningfully better in terms of both average scores on the examination being higher, the number of students passing being higher, the number of students failing being lower, and an increase in the percentile scores on the NBME exam. Dr. Olive stated the committee felt it would be reasonable to continue to shelve this issue. Dr. Click added that passing the final to pass the course had been approved in policy and then tabled until implementation in 24/25. If MSEC agrees with the recommendation to no longer require this, it should be removed from the policy. She added the assessment policy needs to be reviewed closely. There has been discussion about whether things are weighted correctly. A working group could be formed to look at this and bring back recommendations before the start of next year’s class. She stated what is on the</p>

	table is the change to strike that piece of the policy which required passing the final exam.
Motion (1)	A motion was made and seconded to accept the updated policy, removing the section requiring passing on the final exam.
MSEC Discussion	Dr. Abercrombie asked how much of the final exam has to be cumulative? Dr. Click responded that the policy states it will include a cumulative component of at least 20% which is not impacted by this motion. Dr. Fox stated that she remains concerned that there are students who are not able to pass a major exam that are passing the course. Dr. Hayman asked if there is data showing how many students are failing multiple end-of-course final exams. Dr. Click stated the Student Success Committee has that information and it could be brought back to a future meeting. Dr. Karpa stated some students fail multiple final exams. Dr. Rusinol commented it is not a final exam in the sense that people think of a final. Dr. Abercrombie stated if it was a true, comprehensive exam or an integrated exam, then it could be weighted heavier. But if it is just another exam with 20% that needs to be from the other exams, I can see our concern with the current policy. Dr. Hayman stated that was true for half of the courses which have multiple sections for which they have an exam associated with it, but the other half of the courses have true comprehensive finals. Dr. Click clarified that short courses only have one exam. Dr. Click asked that a working group be formed to look at changes to the assessment policy for the 25/26 academic year based on the last few years data.
Outcome	MSEC discussed and approved the motion.
Motion (2)	A motion was made and seconded to form a working group to look at changes to the assessment policy for the 25/26 academic year.
MSEC Discussion	Drs. Rusinol and Abercrombie volunteered for the assessment policy working group. Dr. Click stated she would follow up after the meeting to find other members for the group.
Outcome	MSEC discussed and approved the motion.
Pertains to LCME Element(s) [if applicable]	8.3 – Curricular Design, Review, Revision/Content Monitoring

Follow-Up Discussion and/or Action Item	<ol style="list-style-type: none"> 1. Assessment Policy Working Group to review additional changes to the policy. 2. Bring data on NBME failures to MSEC
Who Responsible	<ol style="list-style-type: none"> 1. Dr. Click to appoint working group 2. Dr. Click, Mariela McCandless
Date Report/Update Due to MSEC	October 2024

The Pre-Clerkship Assessment Policy document is shared with MSEC Members via Microsoft Teams document storage.

The MSEC Retreat adjourned at

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**)
July 8 – Cancelled
August 20 – 3:30 – 6:00 pm