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Medical Student Education Committee Minutes

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2024 September 17 - Medical Student Education Committee 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, September 17, 2024 via Zoom

Members Present

<u>Faculty Voting Members</u>	<u>Academic Affairs Staff</u>
Ivy Click, EdD, Chair	Kortni Dolinger, MS
Caroline Abercrombie, MD	Sandy Greene, AS
Martha Bird, MD	Esther Hathaway, BA
Jean Daniels, PhD	Heather Love, BA
Thomas Ecay, PhD	Mariela McCandless, MPH
Jennifer Hall, PhD	Aneida Skeens, MPS
Russell Hayman, PhD	Ben Smith, MEd
Ryan Landis, MD	
Paul Monaco, PhD	
Jason Moore, MD	
	<u>Guests</u>
	Aleksandr Fuks, MD – Prof/Chair OB/GYN
	Doug Thewke, PhD – Prof Biomedical Sciences
<u>Student Voting Members</u>	Earl Brown, MD – Prof Pathology
Gabe Smith M1	Jameson Hirsch, PhD – Prof Psychiatry
Ashlyn Songer, M2	Kelly Karpa, PhD – Assoc Dean for Institutional Effectiveness and Innovation
Helen Mistler, M3	Ryan Landis, MD – Assist Prof Surgery
	Sarah Orick, BS – Rural Programs Coordinator
<u>Ex Officio Voting Members</u>	Robert Schoborg, PhD – Prof/Chair Dept of Medical Education
Melissa Robinson, MD	Morgan Scott, MHA, CPT – Underserved Medicine Coordinator
Amanda Stoltz, MD	Tory Street, MPH, EdD – Assist Dean for Admissions & Records
<u>Ex Officio Non-Voting Members</u>	
Beth Anne Fox, MD	
Kenneth Olive, MD	
Deidre Pierce, MD	
Rachel, Walden, MLIS	

Meeting Minutes

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

Consent Agenda Items

Item Number	Notes
1. August 20, 2024 Meeting Minutes	Minutes reviewed by MSEC members prior to meeting.
2. Report: M1/M2 Review Subcommittee <ul style="list-style-type: none"> • Doctoring 2 	Met or exceeded expectations
Motion	MSEC approved all consent agenda items

MSEC Discussion	Dr. Click stated that the courses presented met our minimum standards and the review subcommittee had no recommendations for MSEC.
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The MSEC Consent Agenda Items are shared with MSEC Members via Microsoft Teams document storage.

Announcements:

- AAMC Curriculum SCOPE survey – Dr. Click is responsible for submitting the survey. She might be reaching out to some with questions.
 - Open September 5 – December 5
 - Curriculum Topics addressed in the survey include: nutrition, anatomy education, residency prep, AI, integration, educational technology, licensing exam change (Step 1 P/F), attendance expectations, distinction opportunities, grading, curriculum customization, evaluation and clinical competency committees
- Dr. Click welcomed Gabe Smith and Esther Hathaway. Gabe is the new M1 representative, and Esther is the new Academic Affairs Office Coordinator.

Action Agenda Items

Agenda Item 1 - Discussion/Approval: Proposal for Comparability of clerkship sites process (Family Med – JC/BR/Kpt sites, Underserved Med, and Rural Track)	
Presentation	<p>Kortni Dolinger presented the proposed process to be used for the Comparability of Clerkship Sites Process Report addressing Element 8.7 Comparability of Education/Assessment stating a medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives. Clerkships included in the report are Family Medicine, Rural Primary Care Track and Underserved Medicine. In the past, this report was presented yearly.</p> <p>Family Medicine Uses sites in Bristol, Johnson City and Kingsport. Grading components of how students are assessed in that clerkship will be looked at along with working hours and final clerkship evaluation score. At the end of the academic year, student averages in each of these areas across the different sites will be looked at. Mid-Clerkship Review and several others are checkmark items to make sure all students are seeing the same things but several are actual graded components with averages that can be pulled.</p> <p>Underserved Medicine The same approach was used however, sites have not been identified yet due to site expansions. All the sites the students go to will be listed at the end of the academic year. Several of the same areas as FM for graded components in the grade book will be used making sure students are seeing the same patient types and procedures. Work hours and the final clerkship evaluation average across each of the given sites will be looked at.</p>

	<p>Rural Primary Care Track</p> <p>Students who take this clerkship do not take Family Medicine or Underserved Medicine. A combination of Family Medicine and Underserved Medicine components and clerkship evaluations will be looked at in making sure students are seeing the same patient types and procedures and they are not going over their work hours. Students go to many different sites based on their interests and what is available at the time. What is being proposed is using the 3 rural track sites that were used most often in that given year in addition to the family medicine sites.</p> <p>Kortni stated the report has changed slightly from the past with the addition of Underserved Medicine and additional sites for Rural Track. If approved, this report will start at the end of the 24-25 academic year. .</p>
Motion	A motion was made to approve this process and seconded.
MSEC Discussion	Dr. Robinson pointed out on discussion that the same student could get counted in multiple sites or clerkships. While not a problem, she just wanted the committee to be aware that could happen.
Outcome	MSEC discussed and approved the motion.
Pertains to LCME Element(s) [if applicable]	6.2 – Required Clinical Experiences 6.4 – Inpatient/Outpatient Experiences 8.7 – Comparability of Education/Assessment

Follow-Up Discussion and/or Action Item	Will be brought back spring/summer 2025 timeframe with data
Who Responsible	Kortni Dolinger
Date Report/Update Due to MSEC	Spring/Summer 2025

The Comparability of clerkship sites process (Family Med – JC/BR/Kpt sites, Underserved Med, and Rural Track) document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 2 – Report: AAMC Mission Management Tool	
Presentation	<p>Dr. Click presented a summary of the AAMC Mission Management Tool, which is a report that aggregates data from several different sources over 3-4 years looking at how schools are meeting AAMCs mission. Forty-eight data points are used to look at six mission areas comparing all LCME accredited schools using a variety of sources, questionnaires, and other reports to complete the Mission Management Tool. Mission areas discussed today were Graduate a Workforce Addressing Priority Health Needs, Provide High Quality Medical Education and Prepare Physicians to Fill Needs of Community.</p> <p>The full report is available in Microsoft Teams.</p> <p>Graduate a Workforce Addressing Priority Health Needs looks at if graduates are practicing primary care in-state in rural and underserved areas. This report looked at graduates from 2010 – 2014 so these people have been out of school and practicing for quite some time. Overall, we are doing a pretty good job of meeting the mission in this particular area staying above the 75th percentile in all areas. This also aligns with Quillen’s mission. Primary care has been traditionally very high for us as well as rural and underserved areas. Dr. Click stated it was interesting that</p>

	<p>only 7.1% of our graduates are practicing in rural areas, yet that still ranks at the 85th percentile compared to other schools.</p> <p>Graduates were also looked at from 2016-2018, which would be the most recent completion of the residency program and 13.2% of our graduates are in Family Medicine and 28.3% are in primary care, which are at the 85th and 84th percentile respectively.</p> <p>Provide High Quality Medical Education looks at the evaluation of the clerkships and evaluation of medical school experiences. This report looked at graduates from 2021-2023. The numbers are better overall in 2024, but this will be discussed in the GQ report. These students were the ones most affected by COVID as they were completing clerkships in 2020. The percentile ranks were steady with OB trending down and FM and peds being highly evaluated. Percentiles ranged from low at the 6th percentile (Internal Medicine) to high at the 97th percentile (Family Medicine). Looking at the evaluation of general medical school experiences, we are right at the 50th percentile with basic science had sufficient illustrations of clinical relevance. 86% of students agreed that they were overall satisfied with the quality of their medical education, which is ranked at the 27th percentile, however, this has improved from previous ranking.</p> <p>Prepare Physicians to Fill Needs of Community looked at graduates from 2021-2023 and if they agreed or answered yes to any of the posed questions regarding community needs. Preparing to care for patients from different backgrounds has traditionally been one of our lowest ranks and it continues to be low here at the 7th percentile, although 90% of students agreed because most students generally agree with this across most schools. Plans to care for underserved is at the 44th percentile, however, our underserved data places us at the 87th percentile for students who are actually practicing in underserved areas so this was interpreted that our school has a higher rating of actually following through with their plans. Underserved Medicine and Rural Primary Care Track have afforded more field experiences in community health (83rd percentile) and experiences related to health disparities (74th percentile) and cultural awareness/ competence (21st percentile). Plans to participate in military service is traditionally ranked high as we are a military-friendly school so we are at the 99th percentile for that question and the 50th percentile for planning to participate in loan forgiveness programs with service commitment.</p> <p>Dr. Click stated in the areas of preparing students, primary care, rural care underserved and in-state we are very high in meeting Quillen and AAMC missions.</p>
Motion	No approval required
MSEC Discussion	None
Outcome	N/A
Pertains to LCME Element(s) [if applicable]	8.4 – Curricular Management

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

The AAMC Mission Management Tool report is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 3 – Report: GQ Report	
Presentation	<p>Dr. Click presented the class of 2024 graduation questionnaire. The full report is available in Microsoft Teams. Overall, we had a good response rate of 93% with meaningful improvement in many areas such as overall satisfaction, basic science and clinical integration, introduction to clinical medicine, clerkships (especially internal medicine), and caring for patients from different backgrounds. Some important areas of strength included preparation for residency with most ratings in the mid 90s and care of the underserved.</p> <p>Student satisfaction for the overall quality of medical education was increased to 93%, which is between the 50th -75th percentile, which is a substantial improvement over the previous three years. Last year’s rating was 79%. The question regarding basic science coursework having sufficient illustrations of clinical relevance was rated as 85.5%, also at the 50th – 75th percentile, and we were rated at 92.7% (75th – 90th percentile) for integrating basic science content in required clinical experiences.</p> <p>Recognizing that most schools are now using an integrated systems-based curriculum, AAMC changed the wording of the question “how well did the following courses prepare you for the clerkships” to “how well did the following sciences basic to medicine prepare you for clerkships and electives”. This would apply to Legacy courses no longer being taught. Our ratings have improved from last year with most ratings being around the 50th percentile. Neuroscience was a bit lower at the 10th percentile but that is no surprise. Pathophysiology was also low between the 10th -25th percentile.</p> <p>Clerkship ratings were good as well with three clerkships at >90 percentile (FM, IM and Peds), surgery at the 75th percentile, which is improved, and psychiatry at 50th – 75th percentile, also improved, and OB/GYN at the 25th – 50th percentile, which is about the same as the previous year. Dr. Click recognized Dr. Reece and her faculty for the tremendous improvement in Internal Medicine as the previous data had shown IM at the 6th percentile and they are now above the 90th. Most clerkships were rated 100% for students being observed taking history, doing a physical exam and receiving mid-clerkship feedback. Surgery and Internal Medicine were rated at 98%. All faculty were above the 50th percentile and residents were mostly above the 50th percentile with Psychiatry being at the 25th for effective teaching during the clerkship.</p>
Motion	No approval required.
MSEC Discussion	<p>Dr. Ecay stated the populations that were surveyed are very different. The graduation survey is students on their way out of medical school and the AAMC is our graduates who have been in their professional careers for a while. He asked if it would be useful to look back at prior graduate's graduation questionnaire to see if there is a trend in their perception of how well they were educated? There may be something in that data that could be useful in bettering ourselves in the future. Dr.</p>

	Click responded that the nice thing about the AAMC is it uses aggregate data. Each one of the reports includes multiple years but it might be worth looking at it to see. Dr. Olive noted the IM residents played a significant part in improving the student experience and that should not be under appreciated.
Outcome	N/A
Pertains to LCME Element(s) [if applicable]	8.1 – Curricular Management 8.4 – Evaluation of Educational Program Outcomes

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

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

Agenda Item 4 – Report: Final Results of 23-24 Step 2 Score	
Presentation	Dr. Click presented the summary results of Step 2. This is the final report for 23/24. NBME produces this report. This report provides annual performance for each of the last three years on Step 2. The past two years, 96% of our students passed with the national average 98%. There was a big jump between 23/24 on the number tested. Part of that could be curriculum changes and the timing of the students. Eighty-three students took it for the first time between July 2023 and June 2024. Three students passed on their second attempt. It also shows performance trends relative to the national mean. Our average was just below the national average except in 23/24 where there was a bigger drop. For the class of 2025 there is 100% pass rate with a few students left to take the exam.
Motion	No approval required
MSEC Discussion	Dr. Daniels noted the class of 2025 showed a significant improvement from Step 1 to Step 2. Kortni Dolinger stated the current mean for first time takers is 243 with 26 students scoring above 250.
Outcome	N/A
Pertains to LCME Element(s) [if applicable]	8.4 – Evaluation of Educational Program Outcomes 9.4 – Formative Assessment and Feedback

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

The Final Results of 23-24 Step 2 Score document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 5 – Report: Update to USMLE Trends	
Presentation	Dr. Click stated USMLE Step 1 was reported on earlier this year and it has not changed for calendar year 2023. Data is for anyone that took Step 1 during that calendar year no matter what class they were in. This does not include the current year class of 2026 who have done much better. For Step 2, traditionally we are right at the mean or a point or two below. Step 3 pass rate is also close to the national mean
Motion	No approval required
MSEC Discussion	None
Outcome	N/A
Pertains to LCME Element(s) [if applicable]	8.1 – Curricular Management 8.2 – Use of Medical Educational Program Objectives

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

The Update to USMLE Trends document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 6 – Report: M1/M2 Failures Update	
Presentation	<p>Dr. Click stated the M1/M2 Failures report had been updated from the one that was sent out earlier. The updated report is in the Teams file. At a previous meeting about the Assessment Policy, questions had been raised about how many students were failing multiple MBMEs and the impact on Step 1. The information was to be brought back to a future meeting. Data is for the class of 2026 and both midterm and end-of-course NBME. This class was chosen because they were all TRAIL students and all have taken Step 1 so there is a complete data set. The information was taken from gradebooks as well as the Student Success Committee.</p> <p>NBME Failures</p> <ul style="list-style-type: none"> • Thirty students had at least one NBME below 70. <ul style="list-style-type: none"> ○ 18 had 1 ○ 8 had 2 ○ 4 had 3 or more <p>Step 1 Results</p> <ul style="list-style-type: none"> • 26 passed on 1st attempt • 9 had multiple NBME failures and passed on the 1st attempt • 2 had one NBME failure and failed • 2 had multiple NBME failure and failed • 1 had no NBME failures and failed Step 1 • 11 students monitored by SSC asked to take Special Studies • 3 of those students failed Step 1 <p>This report will be provided to the Assessment Policy Working Group</p>

Motion	No approval required
MSEC Discussion	Helen Mistler, M4 student representative, asked in what circumstance would a student be required to take Special Studies? Dr. Fox responded if students fail to progress on self-assessments, with self-study or just fails to progress. The policy for Special Studies was changed last year in that now a student is required to take an external course while on Special Studies. Helen asked if there are requirements or metrics that are tracked from the pre-clinical years that would require a student to take special studies or is it only looked at when they do independent study for Step 1. Dr. Fox replied that has not been done thus far. Helen asked if there is data concerning the external courses showing if it had been helpful or not? Dr. Fox responded that has not been asked but students who have taken Special Studies have not had to take extended leaves of absence because they were not prepared after the Special Studies. She feels this has been part of the reason that they have been more successful. All students were required to take an external course. They had 6 or 7 top rated courses to choose from. Drs. Daniels and Deidre Johnson worked with each student to help them pick the one that was most suited for them. Helen asked if there was specific data on the students who required special studies, took the external course and failed Step 1, which of the external courses they took? She stated it may be beneficial to collect that data to track what that experience is like for them to take those external courses. Dr. Fox noted as being course director for special studies, many of the students liked the accountability that it created and they liked the structure. Dr. Click stated student feedback would continue to be monitored. She agreed it might be helpful to collect that data more formally.
Outcome	N/A
Pertains to LCME Element(s) [if applicable]	8.4 – Evaluation of Educational Program Outcomes

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

The M1/M2 Failures Update document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 7 – Report: Learning Communities Course (new curriculum)	
Presentation	<p>Dr. Stoltz presented the Learning Communities Course update. Class representatives have been elected and a new coordinator has been hired.</p> <p>For Learning Communities 1, the fall and spring semesters have been set. The fall schedule will include meet and greet with counseling and student support as well as academic affairs, tutoring and academic resources. A big part of learning communities focuses on career development so there will be experiences for mentoring and shadowing. Students will also have an introduction to scholarly research and the IRB. The spring schedule will include some quality improvement with Dr. Pierce taking the students through the Six Sigma Yellow Belt Curriculum. Students will also continue career exploration with charting outcomes and leadership.</p>

	<p>New assignments will also be added to the learning communities course as students will complete CITI training and the AAMC Medical Specialty Preference Inventory in the fall and will develop the initial draft of their CV and personal mission statement in the spring. Students will also take notes on career planning and meet with their advisor in the spring.</p> <p>In Learning Communities 2, students will have sessions on Step 1 study development, financial aid, careers in medicine skills inventory and continue with career exploration sessions. Students will also attend three lunch and learn sessions for career exploration for a specialty of their choice.</p> <p>There will also be some joint activities for the learning communities where students will celebrate Quillen October luncheon sessions about the past and future of Quillen. There will be some mentoring events for each learning community, a wellness day, a mixer and a community service project.</p> <p style="text-align: center;">○</p>
Motion	No approval required
MSEC Discussion	Dr. Olive asked if this was a formal course approved by MSEC with learning objectives. Dr. Click responded that it been brought before MSEC and approved.
Outcome	N/A
Pertains to LCME Element(s) [if applicable]	8.1 – Curricular Management 8.3 – Curricular Design, Review, Revision/Content Monitoring 8.2 – Use of Medical Educational Program Objectives

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

The Learning Communities Course (new curriculum) document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 8 – Report: LCME CQI Committee quarterly report (July)	
Presentation	<p>Dr. Olive presented the CQI Committee quarterly report. Elements 7.2, 8.4, 9.1, 11.1 and 11.2 were reviewed.</p> <p>Element 7.2 Organ Systems/Life Cycle/Prevention/Symptoms/Signs/Differential Diagnosis, Treatment Planning was determined to be satisfactory with a need for monitoring based on USMLE performance being lower than national performance across a wide range of subject areas. This represents the legacy curriculum. Data on the end of the TRAILS pre-clerkship phase CBSE showed improvement compared to the previous year.</p> <p>Element 8.4 Evaluation of Educational Program Outcomes was determined to be satisfactory with a need for monitoring based on student performance on USLME exams and failure to achieve benchmarks for Personal and Professional Development. Several actions taken related to personal and professional development have been associated with improved performance though still below</p>

	<p>the desired thresholds. The committee believed appropriate actions are being taken to address these concerns.</p> <p>Element 9.1 Preparation of Resident and Non-Faculty Instructors was determined to be satisfactory based on the central monitoring we have in place to document completion of teacher education. We have data that all of the residents involved in teaching students have completed this education.</p> <p>Element 11.1 Academic Advising and Academic Counseling was determined to be satisfactory as our academic counselors are not involved in making any assessment decisions about the students.</p> <p>Element 11.2 Career Advising was determined to be satisfactory with a need for monitoring Based on a significant decline in student satisfaction on the 2023 AAMC GQ, though 80% of M4 students agreed that career planning activities were beneficial on the 23-24 retrospective survey. Attention to career advising continues to receive significant emphasis through the Office of Student Affairs and Learning Communities.</p> <p>Overall, the CQI committee has 17 elements being based on past deficiencies, those commonly identified by LCME as challenges, and local circumstances such as curricular changes and the committee has decided to add two additional elements for the 2024-25 academic year that they think will need work:</p> <ul style="list-style-type: none"> ○ 12.4 Student Access to Health Care Services ○ 12.6 Student Health and Disability Insurance <p>A heat map was reviewed displaying the monitoring status of the elements and showing two elements to be in noncompliant status:</p> <ul style="list-style-type: none"> • 8.5 – medical student feedback. This is due to the negative feedback with awareness, accessibility and responsiveness from the offices of Student Affairs and Academic Affairs. • 7.1 – curricular content. This is largely in part to FMK and changes have already been made. <p>It was noted that the next LCME site visit will probably be Fall of 2027.</p>
Motion	No approval required
MSEC Discussion	None
Outcome	N/A
Pertains to LCME Element(s) [if applicable]	7.2 - Organ Systems/Life Cycle/Prevention/Symptoms/Signs/Differential Diagnosis, Treatment Planning 8.4 – Evaluation of Educational Program Outcomes 9.1- Preparation of Resident and Non-Faculty Instructors 11.1 – Academic Advising and Academic Counseling 11.2 - Career Advising

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

The LCME CQI Committee quarterly (July) document is shared with MSEC Members via Microsoft Teams document storage.

Agenda Item 9 – Discussion: Leo	
Presentation	<p>Dr. Click stated that during the discussion of the BRIDGE course, there was a recommendation from the M1/M2 Review Subcommittee to consider requiring all preclinical content be accessible only by Leo. Currently D2L is still being used for all session materials, quizzes and other assessments, communications and gradebook for the M1 and M2 courses. However, the clerkships and M4 courses only use Leo. All events for both preclinical and clinical students are in Leo to show on the students' calendars as well as all evaluations of course, students and faculty, final grades and curriculum mapping. Currently course materials for the M1 and M2 courses are being uploaded to Leo after the sessions run when there is less chance of content being changed in D2L. This allows us to be able to search material for specific content.</p> <p>Options to consider include to continue the current practice of using D2L as primary source for course content during pre-clerkship, uploading materials to Leo after the fact or to move some aspects of course management to Leo such as the course materials, which was the recommendation of the M1-M2 review subcommittee, the gradebook and communication. D2L would probably still be needed for daily quizzes and exams, but we could provide links in Leo to quizzes and other assessment housed in D2L</p> <p>a.</p>
Motion	No approval required
MSEC Discussion	<p>Dr. Click noted just like in D2L, all content including materials in Leo this year can roll over next year if faculty choose to completely duplicate the course including materials. The system will place sessions in the next year based on their location in the previous year. Dr. Abercrombie remarked that it was a learning curve transitioning to Leo. She has been able to build her quizzes in Leo. Dr. Hayman stated the difficulty in Leo is the gradebook and daily quizzes which link to the gradebook. When there are a lot of grading components, a daily grade of which there are two or three components to that single grade and there are a number of sessions for the day, the grade book can be very long. Training in how to use the gradebook in Leo would be helpful. Dr. Monaco acknowledged it was hard to learn Leo to start with but once you get used to it, it is not much of a bother. He feels it is a disservice to the students using D2L for three semesters and then transitioning to Leo. Dr. Click stated this can be brought back to a future meeting, perhaps October, with a specific proposal.</p>
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	Specific proposal to be brought back at October retreat for vote.
Who Responsible	Dr. Click
Date Report/Update Due to MSEC	October 2024

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

At the end of the meeting, Dr. Schoborg reminded that there is a faculty guest speaker workshop on October 16, in the small auditorium.

The MSEC meeting adjourned at 5:30 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 2024-2025: (Zoom meetings unless noted)

November 19 – 3:30-6:00 pm
December 17 – 3:30-6:00 pm
January 21, 2024 – 3:30 – 6:00 pm
February 18 – **Retreat** – 12:00 pm-5:00 pm
March 18 – 3:30-6:00 pm
April 15 – 3:30-6:00 pm
May 20 – 3:30-6:00 pm
June 17 - **Retreat** -12:00 pm-3:00 pm
June 17 - **Annual Meeting** - 3:30-5:00 pm