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Medical Student Education Committee Minutes

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2025 January 21 - Medical Student Education Committee Minutes

Medical Student Education Committee, East Tennessee State University

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**QUILLEN
COLLEGE of MEDICINE**

EAST TENNESSEE STATE UNIVERSITY

**The Medical Student Education Committee (MSEC) of the Quillen College of Medicine met for a meeting on
Tuesday, January 21, 2025 via Zoom**

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	Sandy Greene, AS
Jennifer Hall, PhD	Heather Love, BA
Russell Hayman, MD	Ben Smith, MEd
Jameson Hirsch, PhD	
Ryan Landis, MD	<u>Guests</u>
Paul Monaco, PhD	Earl Brown, MD – Prof Pathology
Jason Moore, MD	Douglas Brtalik, DO – Emergency Med Clerkship Director
Antonio Rusinol, PhD	Alexander Fulks, MD – Prof/Chair OB/GYN
Jared Rhinehardt, MD	Amy Johnson, EdD – Assoc Dean for Faculty Affairs
	Kelly Karpa, PhD – Assoc Dean for Institutional Effectiveness & Innovation
<u>Student Voting Members</u>	T.J. Mitchell, MD – Asst Prof/Clerkship Director IM
Helen Mistler, M4	Skylar Moore, MPH – Rural & Community Programs Admin
Michael Jacobs, M3	Diego Rodriguez, PhD – Assoc Prof Biomedical Sciences
Ashlyn Songer, M2	Rob Schoborg, PhD – Prof/Chair Dept of Medical Ed
Gabriel Smith, M1	Morgan Scott, MHA, CPT – Underserved Medicine Coord
	Tory Street, MPH, EdD – Assoc Dean for Admissions & Records
<u>Ex Officio Voting Members</u>	
Melissa Robinson, MD	
<u>Ex Officio Non-Voting Members</u>	
Beth Anne Fox, MD	
Kenneth Olive, MD	

Meeting Minutes

Dr. Click opened the meeting at 3:37 pm.

MSEC MEETING – January 21, 2025

CONSENT AGENDA ITEMS	NOTES	MOTION
1. December 17 2024, Meeting Minutes		MSEC adopted and approved all consent agenda items
2. LGBT Health for Primary Care elective		
3. M3 clerkship reviews <ul style="list-style-type: none"> • OB/GYN • Surgery 	Dr. Olive stated that both OB/GYN and Surgery Clerkships should be recognized for the significant improvements they have made and that they have met their CQI requirements.	

Announcements:

- Agenda item 4 has been moved to February 18 agenda.
- Course Directors meeting January 22 at 3:00 via Zoom.
- Reminder: February 18 Retreat Meeting in the Library.

AGENDA ITEM 1 – Approval: M3 Emergency Medicine Clerkship

PRESENTATION	Dr. Click stated the Emergency Medicine Clerkship was approved in concept at a previous meeting. What is being brought forth now are specific details including requirements, learning objectives, grading, assessments, and patient types and procedures. The Society for Academic Emergency Medicine Exam is being proposed for the end of rotation exam which will need to be an exception to our policy. This was chosen because NBME is considered an advanced clinical exam. Learning objectives, patient types & procedures, and the exception to policy regarding the exam will need to be approved.
MOTION	A motion was made to approve the learning objectives and seconded.
MSEC DISCUSSION	<p>Questions asked:</p> <ul style="list-style-type: none"> • Why 10 clinical shifts for a four-week rotation? This clerkship will be 4 weeks long. A shift will be 9-12 hours in a fast-paced, high-volume environment which can be a lot for a student. Shifts will be day and night. In addition, there will be other required days for didactics, sim lab, case presentations, and preparation for the case presentation. • What locations will be used? Johnson City Medical Center, Bristol Regional Medical Center. Holston Valley Medical Center, Greeneville Community Hospital, and Franklin Woods. It will be tailored based on the student’s career path. If they are not as interested in EM then they can go to Greeneville or Franklin Woods where the volume of trauma patients is lower. • Why was AMBOSS chosen over UWorld? There was not a specific reason. AMBOSS was more readily available for the clerkship director to review.

	<ul style="list-style-type: none"> How many students at a time will be in the clerkship? 12 will be max capacity.
OUTCOME	MSEC approved the motion
MOTION	A motion was made to approve the grading, including the Society of Academic Emergency Medicine exam, and seconded.
MSEC DISCUSSION	Dr. Click noted that the SAEM exam had national norms available.
OUTCOME	MSEC approved the motion
PERTAINS TO LCME ELEMENT(S) [if applicable]	6.2 – Required Clinical Experiences 6.4 – Inpatient/Outpatient Experiences 8.1 – Curricular Management 8.3 – Curricular Design, Review, Revision/Content Monitoring
FOLLOW-UP DISCUSSION AND/OR ACTION ITEM	None
WHO RESPONSIBLE	N/A
DATE REPORT/UPDATE DUE TO MSEC	N/A
DATE REPORT/UPDATE COMPLETED	N/A
ACTION CATEGORY	Major

AGENDA ITEM 2 – Approval: Patient types and procedures

PRESENTATION	Dr. Click presented the Patient Types and Procedures for 2025-26. Changes were made to the required M3 procedure list including the addition of the Emergency Medicine Clerkship required clinical experiences and changes to BRIDGE, Underserved Medicine, Psychiatry, RPCT, and Surgery action change from perform to assist.
MOTION	A motion was made to approve the M3 2025-26 Patient Types and Procedures list and seconded.
MSEC DISCUSSION	The changes to Underserved Medicine and RPCT added one new patient encounter. Psychiatry added two new encounters. Surgery changed several existing procedures from “perform” to “assist.” It was noted that assist means that the student is not primarily performing the activity, but is actively involved.
OUTCOME	MSEC discussed and approved the motion.
PERTAINS TO LCME ELEMENT(S) [if applicable]	6.2 – Required Clinical Experiences 6.4 – Inpatient/Outpatient Experiences 8.1 – Curricular Management 8.3 – Curricular Design, Review, Revision/Content Monitoring 8.4 – Evaluation of Educational Program Outcomes
FOLLOW-UP DISCUSSION AND/OR ACTION ITEM	None
WHO RESPONSIBLE	N/A

DATE REPORT/UPDATE DUE TO MSEC	N/A
DATE REPORT/UPDATE COMPLETED	N/A
ACTION CATEGORY	Substantive

<u>AGENDA ITEM 3 – Approval: Psychiatry Clerkship Review</u>	
PRESENTATION	<p>Dr. Monaco presented a comprehensive review of the Psychiatry Clerkship.</p> <p>Elements below expectation:</p> <ul style="list-style-type: none"> • Students are satisfied with overall course quality – 82.78%. • Students are satisfied with course organization – 78.89% <p>He stated overall the clerkship is strong, however the trends have declined a little bit over the past three years. Students commented on organization of the course and felt that communication could be improved, especially in regards to professional communication from the clerkship director and clerkship coordinator.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. A CQI plan is recommended to address the quality and organization of the clerkship. It should also address the learning environment based on feedback related to professionalism with respect to communications being perceived as dismissive and condescending.
MOTION	A motion was made to accept the recommendation that a CQI plan be submitted and seconded.
MSEC DISCUSSION	<p>Dr. Click asked Dr. Bird if she had any comments regarding the review. Dr. Bird stated this year students have seemed to struggle with getting assignments in on time. With some of the assignments, being on time is part of the scoring rubric. The first year they used Leo, the course coordinator would send students regular updates and reminders. They plan to start this back up again. With regard to the unprofessional communication comments, she does not know where this is coming from. She has never seen anything unprofessional from the clerkship coordinator and this did not happen last year. Concerning the comments about her being dismissive of student’s ideas to improve the clerkship, some students do have good ideas but there is a limit to what she can do as clerkship director to add experiences or personalize it so students have to be on only one rotation site.</p>
OUTCOME	MSEC discussed and approved the CQI recommendation.
MOTION	A motion was made to approve the presented Psychiatry Clerkship review and seconded.
MSEC DISCUSSION	None
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	CQI plan for Psychiatry.
WHO RESPONSIBLE	Dr. Click or Kortni Dolinger will provide the CQI template to Dr. Bird. Dr. Bird will be responsible for completing the CQI plan.
DATE REPORT/UPDATE DUE TO MSEC	By March 2025
DATE REPORT/UPDATE COMPLETED	N/A
ACTION CATEGORY	Routine

AGENDA ITEM 5 – Approval: OSCE Advisory Committee report

PRESENTATION	<p>Dr. Abercrombie presented the OSCE Advisory Committee report. She stated they have worked hard to align the rubric with the curriculum and student expectations at the M3/M4 level. Performance was reviewed across all criteria in those rubrics. The majority of areas showing lower performance have already been targeted for better alignment with student expectations and the curriculum. It is also being used for targeted improvement of specific cases and the performance of the updated criteria will be followed. They are looking at data each year to make sure assessments are aligned for students at the level of the expectation of where we want them to be and that the preclinical curriculum is getting them to that point and ready for their OSCE.</p> <ul style="list-style-type: none"> • M3/M4 pass rates are available and should be used by the Institutional Outcomes Subcommittee for patient care benchmarks in both phase 1 and phase 2. <ul style="list-style-type: none"> ○ M3 2 yr avg – 93.1 ○ M4 3 yr avg – 96.6 • It is requested that there be a formal process where MSEC can ensure annual updates are shared with the OSCE Advisory committee for any assessments in communication or PE skills across the pre-clinical and clinical curriculum to ensure continued alignment of expectations.
MOTION	A motion was made to approve the report and recommendation that the Institutional Outcomes subcommittee add benchmarks related to the OSCEs.
MSEC DISCUSSION	<p>Dr. Click clarified the pass rate is the first-time pass rate and M4 students who do not pass on the first attempt remediate. The recommendation is for the Institutional Outcomes Subcommittee to include benchmarks related to OSCEs in the institutional outcomes. After the appropriate benchmark is recommended it will then be brought back to MSEC for approval.</p> <p>How can MSEC ensure that annual updates are shared with the committee? Dr. Click stated this might be more for Academic Affairs. Academic Affairs will proactively ask for the updates provided to the OSCE Advisory Committee.</p>

	Dr. Abercrombie added that some of our programs have worked hard to align our standards with the standards they have for their residents. Residents are able to teach and evaluate our students at that same level of expectation. She acknowledged IM and FM for their hard work to align standards.
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	Institutional Outcomes Subcommittee will add benchmarks related to the OSCEs to our outcomes.
WHO RESPONSIBLE	Institutional Outcomes Subcommittee
DATE REPORT/UPDATE DUE TO MSEC	At the next regularly scheduled Outcomes Report.
DATE REPORT/UPDATE COMPLETED	N/A
ACTION CATEGORY	Routine

<u>AGENDA ITEM 6 – Report: CBSE Results</u>	
PRESENTATION	Dr. Click presented the CBSE results from the class of 2027. The classes of 2026 and 2027 are the TRAILS curriculum and the classes of 2024 and 2025 are the Legacy curriculum. Last year, the class of 2026 did better than the previous two classes. This year the class of 2027 average has dropped with a significantly higher number of students below the 10 th percentile and fewer students at the 50 th percentile and the passing threshold. CBSE performance was lower in all systems and disciplines this year.
MOTION	No approval required.
MSEC DISCUSSION	None
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
DATE REPORT/UPDATE COMPLETED	N/A
ACTION CATEGORY	Routine

AGENDA ITEM 6 – Report: Assessment Working Group

PRESENTATION

Dr. Rusinol presented the Assessment Working Group report. Current Assessment Components:

- In-class assessments – 30-35%
 - Team-based learning activities
 - Just-in-time activities
 - Peer instruction
- Weekly checkpoints – 30-40%
- Small group evaluations
- Summative Assessments – 25-35%
- Professionalism component – 5-10%

Current strengths:

- Strong educational principals: embraces “assessment for learning”.
- Balanced assessment distribution: incorporates diverse assessment types.
- Multiple Assessment Modalities: Utilizes a combination of assessments for a comprehensive competency evaluation.
- Robust Feedback Mechanisms: Provides valuable qualitative feedback.
- Responsiveness to Best Practices: Prioritizes overall course performance over “final exam” scores requirement.
- Well aligned with Accreditation Standards: Regular policy review and clear documentation of revisions.

Areas for Improvement:

- Assessment Weighting: Current distribution could be adjusted to better reflect individual academic performance and emphasize continuous learning.
- Remediation Process: Lack of detailed guidelines for remediation pathways for students who fail to meet thresholds.
 - Recommend forming a working group that involves members of academic support, clerkship directors, Academic Affairs and members of the Assessment Working Group
- Statistical Thresholds: Policy could provide specific guidelines for acceptable statistical thresholds for test item usage/modification.
- OSCE and SPE Documentation: Requires more comprehensive documentation, including rubrics and performance standards.

Key Recommendations: Assessment Weighting

- Increase weekly checkpoints to 35-45% (from 30-40%).
- Reduce daily in-class assessments to 25-30% from 30-35%.
- Add Human Structure Sessions to course grade (5-10%)
- Maintain summative assessments at 25-35%
- Rationale: emphasize continuous learning and knowledge retention. Increase individual accountability.

NBME Requirements

- Implement a 60% minimum passing grade on ALL NBME CAS exams.
 - Tied to defined standard NBME CAS difficulty (in this case ~0.80).
- Implement 60% average NBME CAS grade in long courses.
- Rationale:
 - Ensure basic and sustained competency while allowing reasonable flexibility.
 - Percent correct score to pass Step 1 ~ 62.
 - Percent correct score of ~62-70 on CBSE predicts a Low-pass range.

Cumulative Content:

- Ensure 20% cumulative content in checkpoints.
 - Use integrated questions between different disciplines to test cumulative content.
- Increase the final NBME cumulative portion to 30%.
 - Applies to courses with midterm exams.
- Rationale: Promote knowledge integration and retention.

Proposed Remediation Framework

- Develop a formal remediation policy independent of assessment and promotion policies.
- Implement a three-tiered remediation approach with increasing levels of support
 - First failure – targeted review and quick retake.
 - Second failure – structured remediation program
 - Third failure – student promotions committee referral.

Additional:

- Maintain anatomy practical exam weighting (5% per exam).
- Create a standardized rubric for IQ/PBL/small group evaluations.
- Implement regular item analysis reviews for in-house assessments
 - Have an Assessment Evaluation Committee?
- Establish clear criteria for including/rejecting test items.
- Run periodic longitudinal reports correlating TRAILS and CBSE performance.
 - Use CBSE as a gate/promotion to Clerkships?
- Rationale: Enhances the quality and fairness of various assessment components.

Implementation Timeline:

- Immediate – updated weightings and NBME requirements.
- Within 6 months – standardized rubrics and protocols.
- Within 12 months – full OSCE framework and remediation policy.

Dr. Click stated there are ranges on the grade components because of the different course requirements. Some courses have an anatomy incorporated practical; some have the human structure function sessions.

Key recommendations summarized:

- Increase weight of checkpoints
- Decrease weight of in-class assignments

	<ul style="list-style-type: none"> • Add human structure function sessions as a separate grade • Create a passing threshold for NBME • Increase the weight of the final exam of the NBME when there are multiple exams in a course. <p>Specifics around remediation would need to be discussed. Dr. Ecay stated the weighting and especially the pass line should be discussed more but the dailies, checkpoints, human structure function and percentages could be done now.</p>
MOTION	<p>A motion was made to increase the weight of the weekly checkpoints, decrease the daily in-class assessments, ensure 20% of the cumulative portion of checkpoints, and increase the cumulative portion of the final NBME to 30% in courses with multiple NBMEs and seconded.</p>
MSEC DISCUSSION	<p>Dr. Schoborg agreed that having a variety of different types of assessments is a good thing, he feels that there needs to be more reasoning, fill-in-the-blank, describe your rationale, or describe how this works types of questions overall. Dr. Click agreed but stated there would have to more discussion on how that is included. Dr. Rusinol stated he and Dr. Chandley had discussed different ways of doing this and it seems feasible with not a lot of work.</p> <p>Dr. Schoborg commented that the HSF sessions need to have an internal session grade; a statistical standard for questions. The HSF sessions could be done like a JiTT with a pre-quiz that covers reading from the night before and then application questions during the sessions.</p> <p>Dr. Rusinol stated they were trying to add more diversity of assessments so team-based learning activities do not overwhelm the final grade.</p> <p>Dr. Moore asked regarding the NBME requirement would students then remediate that particular exam? Is that to pass the course as a whole? Dr. Rusinol replied if students do not get 60%, they would have to remediate the exam. If they do not remediate, they do not pass the course.</p> <p>Other questions</p> <ul style="list-style-type: none"> • If the weight of the checkpoints is increased, would those need to be proctored? <ul style="list-style-type: none"> ○ Yes. It has been discussed at the course directors' meeting to use AI proctoring. • Does doctoring have rubrics? <ul style="list-style-type: none"> ○ There are rubrics for OSCEs and a standalone policy which includes remediation and timing. The assessment policy is vague as far as the Doctoring requirements. Dr. Abercrombie and Dr. Amadio use standardized rubrics but it is not required by policy. Communications also has a rubric. • Based on these recommendations, for a final grade, at what point is it a course failure? Third exam failure? <ul style="list-style-type: none"> ○ Yes. ○ There is a T grade which means remediation in a course was required. This could apply to the first exam failure. This could also be treated as an I grade, depending on

	<p>how the policy is written and the remediation is structured.</p> <ul style="list-style-type: none"> • What feedback would be given to the students? <ul style="list-style-type: none"> ○ Courses get a very detailed report for each student from NBME. AI can be used from that to produce recommendations. • Would the retake be the same exam or a different one? Would it be customized to what their individual weakness was based upon AI or retake of the standard exam? <ul style="list-style-type: none"> ○ This was not discussed by the committee. ○ With the clerkships, when a student has a failure on a shelf exam, they are not allowed to take another shelf while they are on another clerkship. It has to be a designated time so that there is not a conflict with the learning that is going on in the shelf. That needs to be taken into consideration. <p>Dr. Johnson asked how does changing the policy to 20% of cumulative portion of checkpoints ensure it is actually going to happen. Does it need to be added to the course review document? Dr. Ecay stated that one of the recommendations was to have a MSEC designated assessment evaluation team that could look at the cumulative nature of some of the questions and provide the verification that Dr. Johnson is talking about. The implementation of how to ensure that is done will be added to the retreat discussion.</p>
OUTCOME	MSEC discussed and approved the recommendations.
MOTION	A motion was made to create a remediation working group to include academic support counselors and course directors and seconded.
MSEC DISCUSSION	None
OUTCOME	MSEC discussed and approved the and recommendation.
PERTAINS TO LCME ELEMENT(S) <i>[if applicable]</i>	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	Implementation of the cumulative portion of checkpoints, discussion of passing threshold for summative assessments, and HSF sessions. Creation of a remediation working group.
WHO RESPONSIBLE	Dr. Click and MSEC
DATE REPORT/UPDATE DUE TO MSEC	February MSEC Meeting
DATE REPORT/UPDATE COMPLETED	
ACTION CATEGORY	Substantive

Dr. Abercrombie asked that the committee review the CIS content and recommendations ahead of February’s retreat. This will likely be part of the breakout session.

The MSEC meeting adjourned at 5:36 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)

January 21, 2025 – 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