



DARTMOUTH MEDICAL SCHOOL

SENIOR ASSOCIATE DEAN FOR MEDICAL EDUCATION

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To: Members of Medical Education Committee
From: David W. Nierenberg
Subject: Minutes - Meeting held Tues., September 25, 2007 - 4:00 to 5:30 pm, Auditorium B

Voting Members Present: Rich Comi, Andy Daubenspeck, Brian Guerri (Yr. 2), Brent Harris, Horace Henriques, John Hwa, Gene Nattie, Dave Nierenberg, Greg Ogrinc, and Rebecca Pschirrer (n =10)

Voting Members Absent: Narath Carlile, Susan Kelly (Yr. 3), Bill Kinlaw, Michelle Oullette, Jim Price, Laura Reis (Yr. 4), Alan Rossi (Yr. 4), and Eric Shirley (n = 8)

Guests and Non-Voting Members: Beth Harwood, Diane Grollman, Brian Reid, Kalindi Trietley (n = 4)

Scheduled Meetings:

Sept. 25	Oct. 16	Nov. 27	Dec. 18	Jan. 22	Feb. 19	Mar. 25	Apr. 15	May 20	June 17
Aud. B	Borwell 658	Borwell 758	Aud. A	Aud. F	Aud. A	Aud. A	Aud. A	Aud. A	Aud. A

I. Introduction of Members and the Agenda

Dave Nierenberg briefly explained the charge to MEC and the agenda for the meeting. Members introduced themselves.

II. Report on Ad Hoc Group to Study Options for Year 3 Clerkships and Electives

As per the discussion in June, 2007, Dave Nierenberg reported that the current structure of Year 3 lacks the capacity and flexibility for some students who might like to take a clinical elective during Spring of Year 3. Dave has invited five MEC members, two former MEC members, and one student non-member to form an ad hoc committee to discover solutions to the dilemma (Attachment A).

III. Report on the Search for New Clinical Affiliates

- a. Dave Nierenberg reported that four clerkships directors have visited the California Pacific Medical Center (CPMC) site in San Francisco and, although he has not received all of the written reports of the visitors, they are, on the whole, enthusiastic about the opportunities an affiliation would provide.
 - i. Dave cited the following advantages:
 1. CPMC is the largest hospital system in San Francisco and provides patient diversity – from the very poor to the very wealthy, and a large Asian and Hispanic demographic;
 2. It provides high quality clinical care to its patients;
 3. It has a proven high quality faculty and its staff is academically inclined;
 4. It is seeking more clerkship students.
 - ii. Horace Henriques, who recently visited to view the surgery program, briefly summarized some of his impressions, including:
 1. The clerkship is tied somewhat to the UCSF resident and UCSF UME curriculum and is rather “piecemeal;”
 2. It is on an eight-week cycle which may be too long for DMS students;
 3. CPMC may not be as much an “urban” setting as a “sophisticated suburban” setting.
 - iii. The following questions were raised by the membership and answered by Dave Nierenberg:
 1. Would there be a cost to DMS? (DMS would initially pay for housing, the local clerkship directors, and airfare. Joint fundraising may eventually be able to cover these costs.)
 2. Will students who are taking more than one clerkship at CPMC have to return between clerkships for the ICE course? (Students would not take more than one clerkship at CPMC. All students would return to DHMC for the ICE lectures and orientation.)

- b. Maine Medical Center (MMC) would like to set up a program in which students from DMS, Tufts, and UVM, Portland, ME would spend the last two years of their medical education at its site.
 - i. Dave Nierenberg cited the following advantages:
 - 1. It would solve some DMS capacity issues in Years 3 and 4;
 - 2. MMC may institute a tuition rebate program for its graduates who subsequently practice in Maine.
 - ii. Dave Nierenberg cited the following disadvantage:
 - 1. MMC is setting up a complex program in which it would be somewhat more difficult to track quality at the “new campus” – which is especially important given the new LCME standards.

IV. New LCME Standards

- a. Dave Nierenberg reported on some additions, omissions, and changes in the LCME standards (Attachment B). The changes that most affect the MEC follow (all are on the attachment):
 - i. Standard ED-2: MEC defines affiliates, clerkship directors define the clerkships. The changes affect the evaluation of the standard at distant sites;
 - ii. Standard ED-17a: MEC will need to set up a group to study the issue;
 - iii. Standard ER-1: If Maine Medical Center and DMS affiliate with a two-year program, it would have to be approved by the LCME as a new track and a new campus;
 - iv. MS 31A (not effective until July 2008): Refers to Professionalism – will impact affiliation agreements;
 - v. ED-1a: MEC will need to create a coherent competency-based curriculum with documented compliance, actionable by the next LCME site visit in three years. Impacts OSCEs;
 - vi. Standard IS-14: Already implemented.

V. Course Review: Year 4 Clinical Pharmacology and Therapeutics (CPT)

- a. Dave Nierenberg presented a report on the Year 4 CPT course (Attachments C & D) with the following points:
 - i. The course meets from approximately February 1 to March 5 for a total of 50 hours.
 - ii. It is required in Yr. 4 and designed to serve as a capstone course.
 - iii. It contains a review of basic pharmacology.
 - iv. It is competency based.

- v. Students are required to write two papers for the course.
- vi. The lectures usually receive a student evaluation score of 3.6 to 4.2 for overall quality and usefulness of information.

VI. Agenda for October 16:

- a. Course Review: HSP (Horace Henriques)
- b. Course Review: HEA (Rebecca Pschirrer)
- c. Class of 1998 survey (Dave Nierenberg)
- d. Results of USMLE Step 1 (Dave Nierenberg)