MEDICAL EDUCATION COMMITTEE NEWSLETTER

SUMMARY OF ACTIVITIES FOR ACADEMIC YEAR 2008 - 2009

DATES OF MEDICAL EDUCATION COMMITTEE MEETINGS

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Introduction

The Medical Education Committee successfully addressed a variety of complicated and challenging educational issues during the 2008-2009 academic year and continued to work together to gradually, continuously, and incrementally improve the quality of education in undergraduate medical education at DMS. We met eight times between September ‘08 and June ‘09, and discussed a wide variety of topics. Besides the reviews of required courses (which we perform on a regular cycle, as mandated by the LCME), changes to Year 1 were discussed and voted on.

As Chair of the Committee, I would personally like to thank all of the members of the Medical Education Committee who have worked so hard this year. A special thanks to Ben Northrup and Narath Carlile who have served as student representatives and recently graduated. These departures will leave a void that will be difficult to fill, but our goal is to ensure that new voices and new ideas are added to the group each year.

The challenges facing the Committee and the solutions implemented (some ongoing) are delineated below, as are the final measurable outcomes where appropriate. Copies of the minutes of the Committee meetings, as well as an abridged report for each reviewed course, are available from the Office on Medical Education (contact Joyce Wagner at 650-6530).
## MEDICAL EDUCATION COMPONENT OF STRATEGIC PLAN FOR DMS

(November '08)

### Challenges:
- LCME has mandated that DMS provide a strategic plan for the next five years, due in Spring 2009. Dave Nierenberg was appointed to head the medical education component of the plan due in December 2008. Towards that end, he solicited input from the MEC membership with the query: “if there is one thing you could change, fix, or improve at DMS within the next five years, what would that be?”

### Responses:
- Responses from the membership included the following topics:
  - Models of teaching
  - Integration of Yrs. 3 and 4 with Yrs. 1 and 2
  - Support system for teachers
  - Inter-professional education
  - Faculty development
  - Improved remediation for at risk students
  - More active learning
  - Improved advising
  - Efficacy of honors system in Year 1
  - Better coordination among courses
  - Improved relations between DMS and DHMC
  - Better collaboration between the VAMC and DMS

### Measurable Outcomes:
- The medical education component of the Strategic Plan was submitted in December 2008
Challenges:

Year 1 and 2 MEC representatives presented a report (with possible solutions) that detailed issues based on the results of a survey of then current Year 1 students. Issues included:

- **Content and Learning/Teaching Styles:**
  - Teaching to the Boards
  - Courses that are more “user friendly”
  - Teaching styles modified for relevance

- **Coordination and Organization:**
  - Expanded leadership
  - Development of a handbook
  - Template for exam questions
  - End-of-course evaluations

- **Help for Struggling Students:**
  - Timing of remediation
  - Improvement of current remediation system

Strategies:

A motion was made, seconded and passed to present the following recommendations to the Dean and the Dean’s Advisory Board for approval and implementation:

- **Regarding course content and enhancing learning,** the Medical Education Committee proposed that each teacher:
  
  - Update lectures/notes frequently, to keep up with changes in the field
  - Prepare PowerPoint slides with appropriate density (less!)
  - Include at least one clinical example or vignette in each lecture, illustrating how that lecture’s content is directly relevant to the work of the general physician
  - Cover the most important material that will be tested on USMLE Step 1, in addition to other topics felt by the instructor to be important
YEAR 1
ISSUES
(cont’d)

- Write exam questions that are similar in style to NBME questions (e.g., single best answer, avoiding negative questions, using vignettes, reasoning more than memorization, etc), are non-ambiguous, and that test important core concepts within the course.
- Help to identify and eliminate unintended and unnecessary redundancies in subject matter.

Regarding coordination and organization of terms and year, the Medical Education Committee proposes that:

- Courses remain supported/provided by discipline and by department.
- The current architecture of 3 terms, 4 courses per term (plus OD), be maintained.
- A student handbook with common policies for Year 1 (similar to what is in place for Year 2) concerning study periods, exam periods, absences from class or lab, delayed scheduling of exams, criteria for honors/pass/fail, and procedures for student evaluation of courses be created.

Regarding improving the overall culture for students (reducing stress and anxiety, fostering cooperation and group learning, reducing competition), the Medical Education Committee proposes that:

- Course directors consider and respond to student suggestions each year provided by the course evaluation committee.
- DMS offer occasional faculty development workshops in such subjects as how to improve large and small group teaching, preparing optimal PowerPoint presentations, and writing exam items.
- DMS Grading (grades that appear on transcripts) change from Honors/Pass/Fail to Pass/Fail during Year 1, while maintaining and communicating confidential numeric scores for each student in each course.
- DMS Grading (grades that appear on transcripts) remain in the current Honors/Pass/Fail system during Year 2, and the current H/HP/P/Fail system during Years 3 and 4.
YEAR 1 ISSUES (cont’d)

The Year 1 Coordinator, Course Directors, and Sr. Assoc. Dean track attendance, course mean scores, and Step 1 mean scores over time to make sure that this modest change in grading from a 3-tier to a 2-tier system does not adversely impact student learning and the pursuit of educational excellence on the part of each student.

Regarding students who struggle academically, socially, medically, etc., during Year 1, the Medical Education Committee proposes that:

- DMS better define the slightly different roles of the course director, Year 1 coordinator, Society leader, student tutoring program, Office of Learning and Disability Services (OLADS), and remedial groups within courses to help the student who is struggling academically.
- Each course director (with course committee if applicable) re-examine the pass/fail boundary in his or her course to make sure that each student who is awarded a passing grade has achieved a satisfactory minimal level of mastery of the material that will ensure a high probability of future success in Year 2 courses, on Step 1 of the Boards, and eventually in Year 3 clerkships.

Measurable Outcomes:

- Suggestions were approved and made ready for implementation for AY 09-10.
Changes to Year 1 Orientation (May 09)

Challenges:

- To include information in Year 1 orientation that address the following:
  - Because Year 1 students are anxious to begin the clinical portion of their education, they are sometimes impatient with the immersion into basic sciences. In order to assuage this impatience, they should be made aware of the importance of basic science and its direct reference to the clinical component of their education.
  - Year 1 students need to be aware of the scope of medicine, from the subcellular level to individual patients to global issues.
  - To be able to address these issues without adding considerable time to the orientation.

Strategies:

- Include the concept of “scale of medicine” (between the one-on-one of doctor to patient and doctor and global health issues);
- The HSP course in Year 4 is a good model and some information could be incorporated earlier;
- Take care not to overwhelm the new students with too much information that can be spread over all four years;
- Offer an elective on “Great Issues in Medicine” that can be introduced in orientation;
- Possibly include preceptors and white coat presentation in orientation;
- Have doctors and advisors talk to students to reinforce what they need to learn in basic science and why;
- Have best master clinicians perform an in-depth interview with a patient with a specific disease, then break into small groups in order to illustrate how all basic sciences fit into diagnosis/treatment, to frame the medical school experience, and delineate how it fits into the scale of medicine.
- Delineate the lifecycle of a typical patient and indicate how each of the medical specialties follow.
Changes to Year 1 Orientation (Cont’d)

- Add the new sessions in the mornings and keep the existing sessions for presentation in the afternoons.
- Provide some web-based materials for students to study at their leisure.

Measurable Outcomes:

- Tabled for further discussion and action in AY 09-10

REVIEWS OF COURSES AND CLERKSHIPS

(September ’08, October ’08, November ’08, December ’08, January ’09)

Challenge:

- The LCME has mandated that all courses and clerkships be reviewed by the MEC in a systematic rotation.

Strategies:

- To assign at least one course/clerkship to be reviewed per meeting.
- To invite the course/clerkship director(s) to attend the meeting at which his/her charge will be reviewed and discussed.
- To open the floor to discussion by the membership and course/clerkship director(s).

Measurable Outcomes:

- The following Year 1 courses/clerkships were reviewed by the MEC in the 2008-2009 Academic Year:
  - Year 1 Neuroscience
  - Year 1 Microbiology/Bacteriology
  - Year 1 On-Doctoring
  - Year 1 Pathology
  - Year 1 Biostatistics/Epidemiology

(Individual reviews are available upon request from the Office of Medical Education)
The following reports (available upon request from the Office of Medical Education) were presented to the membership over the course of the academic year:

- Results of the Survey of the Class of 2007 (October ’08)
- Results of the USMLE Step 1 Exam (April ’09)
- Results of the 2008 AAMC Graduate Survey (September ’08)
- Results of the LCME Step 2 CK (September ’08)