



DARTMOUTH MEDICAL SCHOOL
SENIOR ASSOCIATE DEAN OF MEDICAL EDUCATION

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To: Members of Medical Education Committee
From: David W. Nierenberg
Subject: Minutes - Meeting held Tues., September 20, 2011 - 4:00 to 5:30 pm, Borwell 758

Voting Members Present: Jessie Bay (Year 2), Kathleen Chaimberg, Ben Colby (Year 2), Rich Comi, Tom Finn (Year 4), Sarah Johansen, Tim Lahey, Virginia Lyons, Dave Nierenberg, Greg Ogrinc, Todd Poret, Judy Rees, and Eric Shirley.
(n = 13)

Voting Members Absent: Matt Crowson (Year 3), Scottie Eliassen, Aniko Fejes-Toth, Carolyn Koulouris (Year 3), Virginia Reed, and Jonathan Zipursky (Year 3)
(n = 6)

Guests and Non-Voting Members: Terri Eastman, Diane Grollman, Cynthia Hahn, Mikki Jaeger, Geoff Noble, Brian Reid, and Cindy Stewart.
(n = 7)

Scheduled Meetings:

Sept. 20	Oct. 18	Nov. 15	Dec. 20	Jan. 17	Feb. 21	Mar. 20	Apr. 20	May 15	June 19
Borwell 758	Borwell 758	Borwell 758	Borwell 758	Borwell 758	Borwell 758	Borwell 758	Borwell 758	Borwell 758	Borwell 758

I. Introduction of Members and Guests:

Dr. Nierenberg explained the different levels of membership in the MEC and the members and guests introduced themselves.

II. Goals for MEC for AY 11-12:

Dr. Nierenberg reported that the chief goal for the MEC for the year would be to prepare for LCME reaccreditation by dealing with problems in the curriculum (courses and clerkships) that may trigger an adverse LCME response.

III. Update on Curricular Changes:

- A. Tim Lahey reported that groups met throughout the summer on the proposed MD/MS combined program and have found it to be an excellent opportunity to add to the existing curriculum and to deal with problems with the existing curriculum. In the new program, students will have the opportunity to receive a masters' degree along with their MD degree. He also stated that the students seem to be intrigued with the concept, but concerned about the possible burnout potential of additional work.
- B. Eric Shirley reported that the new parallel track program will begin in the summer of 2013 with Year 1 students and that the focus of the meetings has evolved from philosophical/mission goals to practicalities.
- C. Sarah Johansen listed the following as goals for the new curriculum:
 - 1. To provide patient- and population-centered education;
 - 2. To nurture student professionalism;
 - 3. To better use existing educational resources;
 - 4. To create physician leaders.
- D. Virginia Lyons reported that the search for a new Senior Associate Dean for Medical Education is continuing. Interviews were held in Boston with eight candidates and the field has now been narrowed to four, who appear to be excellent.
- E. Student members stressed that:
 - 1. That they would like periodic updates and accessibility to field questions about the progress of the program;
 - 2. That they believe the students' input is very critical to the process;
 - 3. The new program should include improved integration of subjects and fewer lecture hours.
- F. Dave Nierenberg requested that members of the new curriculum planning groups update the MEC on the program's progress every two or three months.

IV. On-Doctoring Essential Skills and Learning Targets:

- A. Dave Nierenberg presented the proposed Essential Skills and Learning Targets for the Years 1 and 2 On-Doctoring course.
- B. Discussion ensued regarding the necessity of SOAP notes, how long (or short) they should be, and how they are assessed.
- C. The subject of physical examinations was brought to the floor including:
 - 1. How many are observed;
 - 2. How proficient should the students be;
 - 3. Accessibility of performing ambulatory-type exams while working in a hospital setting;
 - 4. The problem of meeting goals when the student population increases and the preceptor population shrinks;
 - 5. Should the types of exam skills be more specifically stated;
 - 6. How can student make up goals for which they have no access;
 - 7. How can students be encouraged to take responsibility and becoming more proactive in accomplishing these goals;
 - 8. Students need to be more proficient in taking patient histories;
 - 9. Does this list adequately reflect what is taught in On-Doctoring.
- D. Dave Nierenberg will send the list back to On-Doctoring with a letter requesting they review and revise it.

V. Revised Family Medicine Essential Skills and Diagnoses:

- A. Revisions were proposed for the Family Medicine goals. They included:
 - 1. The requirement for rectal exams was removed (most sites don't provide);
 - 2. The inclusion of a musculoskeletal exam.
- B. A discussion ensued regarding the removal of the requirement for rectal exams including the following issues:
 - 1. Should we neglect to teach a procedure because no one wants to teach it;
 - 2. Is teaching the procedure in simulation adequate for conveying the communications facet of the exam;
 - 3. Would the absence of teaching this procedure impact the students' learning to break through uncomfortable barriers.
- C. Dave Nierenberg suggested that another clerkship might be found to teach the procedure.

VI. Report on Step II CK:

- A. Dave Nierenberg reported on the students' scores on Step II CK (see attached)
- B. Discussion ensued regarding early intervention for students who are at risk for failing
- C. Dave Nierenberg notes that a new policy is in effect at DMS in which the students must pass Step I before entering clerkships (beginning with the class entering in 2012).

VII. Assignment of Clerkship Reviews:

- A. Dave Nierenberg reported that only three clerkships remain to be reviewed by the MEC. They are:
 - 1. GAM
 - 2. Neuroscience
 - 3. Pediatrics
- B. Student members will take responsibility for the reviews.

VIII. Report on AAMC Graduate Survey for the Class of 2011:

- A. Dave Nierenberg presented the results of the AAMC Graduate Survey that the Class of 2011 completed (see attached).
- B. Discussion ensued regarding the consistently low scores from the Surgery Clerkship. The following points were made:
 - 1. Dave Nierenberg reported that he is still awaiting data about comparability of all teaching sites and services.
 - 2. Dave Nierenberg will write a letter to the Surgery Clerkship director regarding these issues.
 - 3. It was suggested that a focus group comprised of DMS seniors be formed to explore the issues regarding surgery. Eric Shirley will take responsibility for that.
- C. It was suggested that the current two ICE OSCE's were suboptimal in addressing clinical skills problems. Dave Nierenberg suggested that each clerkship will be asked to create an OSCE and that more money has been requested for clerkships to use the SIM Center (and that it was likely that it would be provided).
- D. The remainder of the report was tabled for discussion at the October MEC meeting.

IX. Agenda for October 18, 2011 MEC Meeting:

- A. Revisit of On-Doctoring Essential Skills and Learning Targets
- B. Continuation of Report and Discussion of AAMC Graduate Survey
- C. Revisit Policy for Work Hours for Students