



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., December 20, 2011 - 4:00 to 5:30 pm,
758W Borwell

Voting Members Present: Ben Colby (Year 2), Rich Comi, Scottie Eliassen, Aniko Fejes-Toth, Tim Lahey, Virginia Lyons, Dave Nierenberg, Virginia Reed, and Eric Shirley.
(n = 9)

Voting Members Absent: Jessie Bay (Year 2), Kathleen Chaimberg, Matt Crowson (Year 3), Tom Finn (Year 4), Sarah Johansen, Carolyn Koulouris (Year 3), Victor Laurion (Year 1), Greg Ogrinc, Todd Poret, Judy Rees, Krina Shah (Year 1), and Jonathan Zipursky (Year 3).
(n = 12)

Guests and Non-Voting Members: Ann Davis, Terri Eastman, Diane Grollman, Cynthia Hahn, Mikki Jaeger, Brian Reid, and Kalindi Trietley (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	Remsen 221	Borwell 758	Borwell 758	Borwell 758	Borwell 758	Borwell 758	Borwell 758	Borwell 758

I. Vote on Pediatrics Essential Clinical Skills, Essential Diagnoses and Conditions, and Competency Tasks/Assessment Grid:

- A. After a short discussion, votes were taken to approve the following Essential Clinical Skills, Essential Diagnoses and Conditions, and Competencies for the Pediatrics Clerkship. The results are as follows:

VOTE: Dave Nierenberg asked for a vote to approve the following 15 Essential Skills and their targets for the Pediatrics clerkship. The membership voted unanimously to accept.

	Area	Skill	Target 10-11	Mean , all sites (64)	Mean CPMC inpatient (12)	Proposed
1	Interviewing	HPI (relevant to clerkship)	0	38.9	9.2	20
2		Developmental surveillance (new item under interviewing)	3	5.8		4
3	PE	HEENT exam	5	49.4	7.0	10
4		Newborn exam	2	5.4	0.3	2
5		Tanner staging exam	1	2.8		1
6		Complete exam	10	32.8	6.0	20
7	Procedure, simple	Throat culture	1	1.7		1
9	Counseling	Aggregate (Nutrition/diet or Weight change, including Obesity)	3	12		6
9		Normal/abnl development	3	8.3		3
10	Notes and presentations	Oral presentation, admission	0	4.4	4.4	4
11		Oral presentation, inpt progress	0	4.8	4.0	5
12		Oral presentation, ambul visit	0	17.2		5
13		Written note, inpatient admission	0	4.5	4.4	5

14		Written note, inpt progress	0	5.1	4.4	5
15		Written note, SOAP note	0	12.3		10

VOTE: Dave Nierenberg asked for a vote to approve the following 18 Essential Conditions and Diagnoses and their targets for the Pediatrics clerkship. The membership voted unanimously to accept.

	Area	Skill	Target 10-11	Mean , all sites (63)	Mean CPMC (9)	Proposed
1	Routine health maintenance	Health maintenance (13-17)	2	3.8		2
2		Health maint. (1 mo-12 yo)	4	14.5		8
3		Newborn visit (0-30 days)	2	5.7		2
4	Systemic condition	Developmental delay	2	2.5		2
5		Failure to thrive	1	1.5		1
6		Fever (? Source)	4	4.2		3
7		Obesity	2	2.3		2
8		Viral syndrome	2	3.8		2
9	CV system	Murmur	2	2.4		2
10	Dermatology	Rash	3	4.3		3
11	Neurology	Headache	1	1.0		1
12	EENT	Otitis media	4	5.0		3
13		Pharyngitis	4	4.7		3
14		URI	4	6.1		4
15	Fluid/electrolytes	Dehydration	3	2.4		2

16	GI	Aggregate/Diarrhea or nausea/Vomiting	2	2.4		2
17	Psychiatry	ADHD	2	3.5		2
18	Respiratory	Asthma, wheezing	2	4.1		3

B. Dave Nierenberg instructed Joyce Wagner to create cards for the clerkship's students, listing the Essential Skills and Diagnoses.

II. Vote on Changes to the Essential Clinical Skills and Essential Diagnoses and Conditions for the Surgery Clerkship:

Dr. Nierenberg presented changes to the Essential Clinical Skills and Essential Diagnoses and Conditions (attached) that were requested by the Surgery Clerkship and proposed that the membership vote to accept them. Discussion ensued with the following issues emerging:

- A. Would lowering the target numbers present as a compromise of standards to the LCME?
- B. Are the opportunities for completion of the targets being assessed correctly – especially given the lack of utilization of DMEDS by the students?
- C. If the proposed targets are correct, is everything being done to increase the opportunities for encounters?
- D. Would the proposed restructuring of Year 3 (see Item III) alleviate some of the problems by expanding the clerkship to accommodate more services within the clerkship?
- E. Are the targets appropriately emphasized to the students as required?

VOTE: Dave Nierenberg asked for a vote to approve the changes to the Essential Clinical Skills and Essential Diagnoses. The membership voted in favor of accepting the changes in the items, but not the lowering of numerical targets. The membership voted, instead, that the Surgery Clerkship provisionally leave the target numbers as they are and revisit the issue at the completion of Block 5 – with the assumption that more realistic data will become available to assess the opportunities for completion of the targets.

III. Proposal of Restructuring of Year 3:

A. Dave Nierenberg cited problems with certain clerkships and a growing population of students. To remedy these problems, he introduced a plan (previously discussed with Eric Shirley and Dean Souba) to restructure the architecture of Year 3 as follows:

1. 24 weeks divided into 3 groups of 8 weeks each to accommodate the Medicine, Surgery, and Pediatrics clerkships;
 2. 24 weeks divided into 4 groups of 6 weeks each to accommodate the Psychiatry, OB/Gyn, and Family Medicine clerkships, plus an elective block.
 3. Each of these blocks will be minus 1 day to allow for students to have time to attend to personal and health issues and appointments.
- B. Dave cited the following advantages to the new structure:
1. It would provide an additional two weeks to the Pediatrics clerkship and possibly bring their scores up to the national average;
 2. It will bring the length of the Medicine clerkship up to the national average;
 3. It will accommodate the large number of students (96) expected to be entering Year 3 in June, 2012;
 4. It will accommodate split services on the Surgery clerkship (two four week services or 1 four week and 2 two week services);
 5. It would reduce the number of students per clerkship and allow for some of the lesser effective sites to be dropped.
- C. Dave stated that he has discussed the restructuring with all stakeholders and needs for the MEC membership to vote on the restructuring before February in order to implement it in the next academic year.
- D. Dave asked for a straw poll to determine if this course of action should be further pursued. The membership was strongly in favor of doing so.

IV. Social Justice VIG:

Tabled for the January meeting.

V. Agenda for January 17, 2011 MEC Meeting:

- A. Review of the Neurology Clerkship (Matt Crowson, Rich Comi, Morris Levin)
- B. Further Discussion of the Restructuring of Year 3
- C. Report on the Social Justice VIG (Tim Lahey)