NEW POLICIES FOR COURSES DURING YEARS 1 AND 2 (LCME driven)
Approved in principle by the MEC on May 22, 2012

1. **ED-5A:** Devote more time to instructional formats that involve active learning (defined as giving students the opportunity to practice self-assessment on learning needs; the independent identification analysis and synthesis of relevant information; and the appraisal of the credibility of information sources). Action: Require each Y1 and Y2 course to reduce lecture time by 5-10% (3-6 hours for a 60-hour course), moving closer to a goal of no more than 50% of all course time devoted to standard lectures. Replace that lecture time with more active learning activities such as conferences (see below), PBL (less likely given how long this takes to prepare), “labs” in which real or simulated physiologic processes are observed and analyzed (see # 7 below), clinical simulation activities, or interactive large-group sessions (such as interactive lectures, lectures with audience response systems, TBL, etc.). Y1 progress tracked by Virginia, Y2 progress tracked by Dave.

2. **ED-5A:** Assess the progress of each student in developing the skills needed for lifelong learning, including the ability to learn through self-directed, independent study. Action: With case conferences in each course, encourage students (whether working independently or in small groups) to prepare in advance of the conference to analyze a case (or scientific problem) for discussion; find the information they need to address the case or problem; and present their analysis, and how they found the critical information, to their student peers. More student activity, less faculty mini-didactics. Aim for continuity of conference leaders within each course, so that each faculty conference leader can get to know each student better, and thus be able to provide more detailed and helpful feedback to each student (see also #4 below).

3. **ED-6:** Acquire skills of critical judgment based on evidence and experience. Action: Make these new items on the PBL evaluation form.

4. **ED-6:** Develop skills of medical problem-solving. Action: Course conferences, like the more advanced Y2 PBL sessions, offer our students the opportunity to develop their skills of medical problem-solving (applying deductive logic to a new or unknown clinical or scientific cases), as well as finding new sources of reliable information relevant to the case, evaluating that information critically, and then communicating their thoughts about a case back to the conference group of peers. Each of these is an important skill to develop not only in the context of active learning, but also as preparation for a career as a physician. Features of conferences (for both Y1 and Y2 students) that will enhance practice of these skills include: smaller groups (8 students is a reasonable goal), more conferences with the same preceptor or tutor (for continuity), more active student participation and leadership within each conference group, and encouraging the faculty leader to guide the group rather than “teach” the group (or to give a mini-lecture). We strongly encourage each course to develop conferences that meet these overall educational goals as much as possible, and to endeavor to provide formative feedback to each student about which specific skills they are doing well, and which ones they could improve, with specific suggestions for improvement. Use of a standardized feedback form can be useful in this regard. Such feedback and assessment of student progress would be more helpful than simply “receiving one point” for attendance or “active participation.”(See draft on page 3)
5. **ED-7: Develop knowledge and understanding of social (societal) needs and demands on health care.** Action: Make sure that each SBM course makes this one of its learning objectives, and includes material in this area, in lectures, conferences, or PBL cases.

6. **ED-10. The curriculum of a medical education program must include behavioral and socioeconomic subjects in addition to basic science and clinical disciplines.** Action: Make sure that each SBM course makes this one of its learning objectives, and includes material in this area relevant to specific organ systems.

7. **ED-12. The curriculum of a medical education program should include laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena, and critical analysis of data.** (ED-12) Action: Each "basic science" course in Y1 (or as many as possible), and each course in Y2 SBM plus pharmacology (or as many as possible) must develop at least one of these exercises per course. An example would be the measurement of PFTs by every student during the SBM/Pulmonary course, and then analyzing the population distribution of FEV1 and FVC, and their relationship to gender, weight, height, and BSA. Another example in the Y1 bacteriology course would be for all students to swab their skin and nostrils to culture for colonization by staff aureus, and analyze percent of students who are carriers, and the subset who are carriers of MRSA, and compare these results to those reported in the literature. In Y2 Pharmacology, perhaps.

8. **ED-13. The curriculum of a medical education program must … include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.** Action: Each SBM course must make sure that it has learning objectives that include at least one domain that touches on each of these domains, taking special care about the place of rehabilitation services and end-of-life care for diseases of that organ system. Palliative care is already specifically discussed in the Neoplasia theme course, but rehabilitation is often not formally discussed in SBM courses, and needs to be.

9. **ED-24. At an institution offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship rotation and be prepared for their roles in teaching and assessment.** Action: The MEC must develop a formal policy for all non-faculty students, residents, fellows, graduate students, etc. who teach medical students (perhaps we can call them our “teaching assistants”), at GSOM and all peripheral sites, that all such teaching assistants must: 1) be oriented each year to the learning objectives of the course or clerkship prior to their teaching; 2) receive instruction each year on how to improve their skills at teaching, mentoring, assessing student performance, providing feedback to students, etc. (improving “resident as teacher” skills); 3) be appropriately supervised by the course director or others while they teach; 4) receive feedback about their teaching at the end of the course, block, or year. It is the responsibility of the course or clerkship director to make these arrangements, document participation by all teaching assistants, and supply a copy of that documentation to Virgina Lyons (Y1), Dave Nierenberg (Y2), or Eric Shirley (Y3 or Y4) at the end of each academic year. In addition, it would be helpful if GSOM could develop a school-wide resource for providing faculty-development workshops to such teaching assistants (e.g. graduate students and residents) on-site, which could then become a resource by any department or course for its teaching assistants.
GEISEL SCHOOL OF MEDICINE
EVALUATION FORM FOR STUDENTS IN PRE-CLINICAL COURSES
SMALL GROUP/CONFERENCE EVALUATION for YEAR 2

YEAR: COURSE: CONFEERENCE LEADER: DATE:

STUDENT BEING EVALUATED (AND PHOTO):

PROBLEM SOLVING and CLINICAL REASONING = Ability to analyze and dissect a new clinical case or problem, and develop a differential diagnosis
PATHOPHYSIOLOGY = Ability to explain the underlying pathophysiology of the condition or disease
DECISION MAKING = Ability to begin to develop thoughtful plans for management of the patient (including diagnostic tests and treatment plans)
SOURCES OF INFORMATION = Ability to find up-to-date sources of relevant information, understand and evaluate them for quality, and then prepare a summary of most important information for presentation to the group
COMMUNICATION SKILLS = Ability to present new and useful information back to the group clearly and succinctly
TEAMWORK SKILLS = Reliable attendance, active contributions to discussions, supporting efforts of other students

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For performance that we should expect from a Year 2 student, and compared to past students taught over the years, this student’s performance of this skill was: 4=Excellent (better than most students), 3=Very Good (typical of most students), 2=Fair (student should work on practicing this skill), 1=would benefit from focused remediation (see comments below)

Feedback and comments to share with student: What was done well, and what skills should the student practice and strengthen?
NEW POLICIES FOR REQUIRED CLERKSHIPS IN YEARS 3 AND 4 (LCME driven):

1. **ED-6: Acquire skills of critical judgment based on evidence and experience.** Action: Make sure that this is formally listed as a learning objective for each clerkship (including On Doctoring), and is formally assessed on the evaluation form. (Eric to check)

2. **ED-6: Develop skills of medical problem-solving** Action: Make sure that this is formally listed as a learning objective for each clerkship (including On Doctoring), and is formally assessed on the evaluation form. (Eric to check)

3. **ED-7: Develop knowledge and understanding of social (societal) needs and demands on health care** Action: Make sure that this is formally listed as a learning objective for each clerkship (including On Doctoring), and is formally assessed on the evaluation form. (Eric to check)

4. **ED-8: Include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline (ED-8)** Action: Again this year July 2012, require each clerkship to develop a similar grid for each of its clerkship sites or teams, showing comparability across all sites for variables derived from DMEDS data, grades, shelf raw scores or CLIPP exam scores, and student end-of-clerkship evaluation scores. (Dave to review and provide template, as he did last year)

5. **How, and how often, do the DMS clerkship directors communicate with the preceptors and clerkship directors at all distant sites?** Action: Require clerkship directors to report on their performance for doing this every June, beginning June 2012. File this report with Clinical Education (Eric to check and keep database)

6. **How are faculty development activities related to teaching and assessment made available to instructional staff at all sites?** Action: Each clerkship must generate an up-to-date report on how this is done for each of its sites. If this is not currently being done, then a plan needs to be created to do it. First report due June 2012. (Eric to check)

7. **How are inconsistencies at all sites dealt with?** Action: Each clerkship director to report on this when the data in #4 above are collected this July. Eric to follow up with each clerkship director.

8. **Curriculum mapping for all courses and clerkships** Action: underway (Rand)

9. **Midclerkship feedback policy: document on student “clinical skills” passport?** Action: Dr. Shirley to work out with clerkship directors how this will be ensured, and documented, and centrally stored, for every clerkship. Signatures from student and preceptor, that this required feedback has been given and received, should occur. This likely will require a written form for each clerkship, perhaps as part of the “student clinical skills documentation form”. (Eric to check)

10. **Clerkship grade timeliness (<6 weeks every clerkship, every block, every student)** Action: Dr. Shirley to document compliance for each clerkship for the second half of AY 2011-12
11. Faculty appointments for every single physician at every site who is routinely scheduled to teach or evaluate our students, even if only for one afternoon per block; otherwise, don’t use that physician to teach our students Action: Each Clerkship Director to generate a listing of all faculty members at each site who have scheduled contact with students, and indicate which ones currently have a Geisel faculty appointment. Apply for faculty appointments for those who don’t have them. (Leslie to check)

12. Development of residents as teachers: for every clerkship, at every site, once per year, documented with log and signatures, with central filing with Office of Clinical Education. Residents must be briefed about the goals of the clerkship; the essential conditions and clinical skills; forms used to evaluate students; and also taught about improving instruction and giving feedback. Action: Up-to-date report from each clerkship director for central sites and peripheral sites, stored with Clinical Education, filed every June. (Eric to check)

13. Duty hours: we need to demonstrate that NO student, on any clerkship, is ever required or urged to stay >30 hours per shift, or >80 hours per week (might be acceptable if a few students WANT to do this, but that should be very rare) Action: Dave to continue to check on this with Diane Grollman through data from end-of-clerkship surveys.

14. ED-10. The curriculum of a medical education program must include behavioral and socioeconomic subjects in addition to basic science and clinical disciplines. Action: These two subjects should be added to the didactic sessions with each clerkship, as appropriate for that clerkship. Eric to check.

15. ED-21. Medical students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, disease, and treatments. Students can learn in courses or clerkships, through formal teaching or informal exposure in the clinical setting, or both. However, the school must assess the acquisition of the knowledge, skills, behaviors, and attitudes related to cultural competence for each student, and assure that our course and clerkship learning objectives addressing cultural competence are being met. (ED-21) Action: Each clerkship, including OD, must include this topic in its didactic sessions in some way (see below), discuss these issues in the final two days of student debriefing, assess student proficiency during the clerkship, and comment on this learning objective on the end-of-clerkship evaluation form. This should be a specific item on each clerkship’s end-of-clerkship evaluation form. In order to develop an overall coordinated plan, Susan Pepin will be asked to organize a Vertical Integration Group for #15 and #16 (both elements of cultural competency) to optimize our teaching and evaluation in this area from Y1 Orientation to OD to PBL through to what each clerkship should teach and assess. Eric to check.

16. ED-22. Medical students must learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the process of healthcare delivery. Students must receive instruction in disparities in healthcare delivery, and self-awareness of their own biases and those of their peers and supervisors. And, the School must provide evidence that educational program objectives or course/clerkship objectives related to gender and cultural biases in healthcare are
being met. Action: Each clerkship, including OD, must include these related topics in its didactic sessions in some way (see below), discuss these issues in the final two days of student debriefing, assess student proficiency during the clerkship, and comment on this learning objective on the end-of-clerkship evaluation form. In order to develop an overall coordinated plan, Susan Pepin will be asked to organize a Vertical Integration Group for #15 and #16 (both elements of cultural competency) to optimize our teaching and evaluation in this area from Y1 Orientation to OD to PBL through to what each clerkship should teach and assess. Eric to check.

17. ED-13. The curriculum of a medical education program must … include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care. Action: The two areas of possible weakness here during clerkships appear to be rehabilitative and end-of-life care. These two subjects should be formally addressed during clerkship didactic sessions or discussions as relevant to that clerkship (e.g., rehab from stroke during the Neuro clerkship, rehab from surgery during that clerkship, etc.), and formally listed as clerkship learning objectives. Eric to check.

18. ED-24. At an institution offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship rotation and be prepared for their roles in teaching and assessment. Action: The MEC must develop a formal policy for all students, residents, fellows, graduate students, etc. who teach our medical students (“teaching assistants”), at GSOM and all peripheral sites, that all such teaching assistants must: 1) be oriented each year to the learning objectives of the course or clerkship prior to their teaching; 2) receive instruction each year on how to improve their skills at teaching, mentoring, assessing student performance, providing feedback, etc. (improving “resident as teacher” skills); 3) be appropriately supervised by the course director or others while they teach; 4) receive feedback about their teaching at the end of the course, block, or year. It is the responsibility of the course or clerkship director to make these arrangements, document participation by all teaching assistants, and supply a copy of that documentation to Virginia Lyons (Y1), Dave Nierenberg (Y2), or Eric Shirley (Y3 or Y4) at the end of each academic year. In addition, it would be helpful if GSOM could develop a school-wide resource for providing “resident-as-teacher workshops to such teaching assistants (e.g., graduate students and residents) on site, which could be requested by any department or course for its teaching assistants.