



GEISEL
— SCHOOL OF —
MEDICINE
AT DARTMOUTH

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To: Members of Medical Education Committee
From: David W. Nierenberg
Subject: Minutes - Meeting held Tues., May 22, 2012 - 4:00 to 5:30 pm, Aud. A

Voting Members Present: Jessie Bay (Year 2), Ben Colby (Year 2), Rich Comi, Scottie Eliassen, Aniko Fejes-Toth, Carolyn Koulouris (Year 3), Victor Laurion (Year 1), Tim Lahey, Virginia Lyons, Dave Nierenberg, Todd Poret, Virginia Reed, and Judy Rees,
(n = 13)

Voting Members Absent: Ken Burchard, Kathleen Chaimberg, Matt Crowson (Year 3), Tom Finn (Year 4), Sarah Johansen, Hal Manning, Greg Ogrinc, Krina Shah (Year 1), Eric Shirley, and Jonathan Zipursky (Year 4).
(n = 10)

Guests and Non-Voting Members: Nan Cochran, Ann Davis, Terri Eastman, Diane Grollman, Mikki Jaeger, Geoff Noble, Brian Reid, and Kalindi Trietley.
(n = 8)

Scheduled Meetings:

Sept. 20	Oct. 18	Nov. 15	Dec. 20	Jan. 17	Feb. 7*	Mar. 20	Apr. 17	May 22*	June 19
Borwell 758	Borwell 758	Remsen 221*	Borwell 758	Borwell 758	Aud G*	Borwell 758	Borwell 758	Aud A*	Borwell 758

* Denotes change from original schedule.

I. Proposed Pilot Program for On-Doctoring:

Nan Cochran presented a proposal for a pilot program to restructure Year 1 On-Doctoring (see attached PPT). Beginning with the new academic year, 16 student volunteers will participate in four groups, with four volunteer preceptors.

A. The objectives of the program are to create an environment in which students:

1. Develop longitudinal relationships with a clinical educator(s) who will have dual roles of facilitator and preceptor
 2. Be exposed to primary (and sometimes specialty) care on an inter-professional team
 3. Develop longitudinal relationships with patients who the student will follow through primary care and specialty settings
 4. Receive intensive, regular instruction and feedback on clinical skills
- B. The pilot structure will be as follows:
1. Small group composition: one clinical educator + 4 students (at Buck Rd, Heater Rd, WRJ VAH and WRJ Family Practice sites).
 2. Curriculum delivered in a PCMH for 3 hours/week (vs. 2 hour small group/week + 3 hour preceptor visit q o week)
 3. Attendance required at all large groups, same evaluation tools
 4. Didactic (~ 1 hour) in groups of 4 followed by supervised interactions with patients at practice site
- C. Discussion ensued in which the following issues were raised:
1. Would the current schedule of classes and the preceptors' schedules accommodate the pilot program? (The structure is not currently in place. These details will be worked out once the pilot program is approved.)
 2. If the pilot works and the entire class expands into the new schedule, will the preceptor schedule be allotted to one afternoon for all students? (No. This is a challenge that would be worked out with the pilot.)
 3. Would all four students working with one preceptor share the same patient pool? (Yes, but only two would see patients each day.)
 4. How would this work with the Year 2 schedule? (There will be some overlap, but the pilot will help determine the feasibility of the program and if the details of scheduling can be worked out.)
 5. Will the revised schedule conflict with the redesigned curriculum? (The On-Doctoring programs are a challenge for the redesign committees and the pilot program may help.)
 6. What are the students thoughts regarding the pilot? (At this point, the students are in favor of the pilot if the participation is voluntary and not mandated.)
 7. Will the schedule of the non-participating students be negatively impacted by the schedule of the pilot students? (There would be the same number of hours of afternoon classes for all students and the impact would not be negative nor positive.)

THE MEMBERSHIP VOTED UNANIMOUSLY TO APPROVE THE CONTINUED DEVELOPMENT OF THE PILOT PROGRAM, SUBJECT TO THE ABILITY TO WORK OUT SCHEDULING ISSUES.

II. Approval of Ob/Gyn Essential Skills and Conditions:

Dave Nierenberg reported that, due to the shorter duration of the clerkship and due to data from teaching sites, Ob/Gyn would like to decrease the targets for their essential skills and diagnoses. He presented a chart that delineated the current targets, the average number of encounters reported through DMEDS, the clerkship's proposal for reductions and his proposal for reductions (see attached). He indicated the proposed changes and explained the rationale behind each. He then opened the floor to discussion. The following issues were raised :

- A. Are the number of patient refusals gender stratified? (They have been, but the difference has been steadily declining.)
- B. Could the targets be reduced by the percentage of reduction of the clerkship schedule? (Yes, but that has been factored into the proposal.)
- C. Given the new information of the importance of breast exams, could that number be reduced? (Although it is considered not as important for some populations, students need to know what healthy breasts feel like (as a control group of sorts) in order to diagnose problems.)
- D. Do the Ob/Gyn faculty and director approve of the proposed changes? (No, but they were told that Dr. Nierenberg would be proposing slightly higher numbers.)
- E. Could the vote be postponed for more input from Ob/Gyn? (No. They need to prepare for the upcoming course and there are more of these to approve at future meetings.)

DR. NIERENBERG SPECIFIED THAT THE TARGETS PROPOSED BY OB/GYN BE LABELED "A" AND THE TARGETS PROPOSED BY DR. NIERENBERG BE LABELED "B."

NUMBER OF VOTES FOR "A" = 0

NUMBER OF VOTES FOR "B" = 8

NUMBER OF ABSTENTIONS – 2

THE MEMBERSHIP VOTED TO ACCEPT THE TARGETS PROPOSED BY DR. NIERENBERG.

III. Issues Regarding LCME (Years 1 & 2):

Dave Nierenberg reported that the LCME dictates 47 standards in their self-study for medical education and that each of these standards include multiple questions. (The Geisel School only has to respond to about 40 of the standards as the remaining 7 pertain to situations that involve a separate campus.) Through his work on the database, Dr. Nierenberg has identified multiple areas in which Geisel is not currently in compliance and is proposing some actions to correct them. To address these issues now sends a message to the LCME that Geisel is serious about the curriculum and working for improvement. Dr. Nierenberg reviewed these areas and opened the floor to discussion. After changes were suggested, through a straw poll, the membership voted to accept the recommendations for years 1 and 2 as is

reflected (with changes) in the attached document. The Committee will discuss issues relating to Years 3 and 4 at the June meeting.

IV. Thank You to Graduating Student Reps:

Although they were absent from the meeting, Dr. Nierenberg acknowledged the two graduating student reps (Tom Finn and Jonathan Zipursky) for their excellent service to the MEC. He will be sending out formal thank you letters to them on behalf of the Committee.

V. Tentative Agenda for June 19 Meeting:

- A. Welcome to Dr. Simons, the new Senior Associate Dean for Medical Education
- B. Issues Regarding LCME (Clerkships)