



GEISEL SCHOOL OF MEDICINE
AT DARTMOUTH

MEDICAL EDUCATION COMMITTEE MEETING

TUESDAY, AUGUST 21, 2012

4:00 – 5:30 PM

DHMC – AUDITORIUM C

MINUTES

Attendance:

Voting Members Present: Mazin Abdelghany, Ken Burchard, Ben Colby, Scottie Eliassen, Aniko Fejes-Toth, Carolyn Koulouris, Victor Laurion, Virginia Lyons, Hal Manning, Greg Ogrinc, Todd Poret, Richard Simons, Eric Shirley

Non-Voting Members Present: Ann Davis, Diane Grollman, Steve McAllister, Brian Reid, Cindy Stewart, Kalindi Trietley

Guests Present: Leslie Fall, Tim Lahey, Rand Swenson

1. **Approval of the July meeting minutes**

The membership unanimously approved the minutes of the July 17, 2012 meeting as written.

Note: Dr. Simons invited Dr. Leslie Fall to join the committee as a non-voting member in regards to her role as Associate Dean for Faculty Development.

2. **Follow up discussion regarding leadership of Medical Education Committee**

The question of whether or not the Senior Associate Dean for Medical Education should chair the Medical Education Committee was raised at the last meeting and tabled for further discussion at this meeting. Discussion ensued including the following points:

- Dr. Souba has requested Dr. Simons lead the committee
- MEC is a committee of the Faculty
- LCME calls for faculty oversight on Curriculum, Admissions, and Academic Progress (CSPC) committees
- Brief summary of the charge to the Medical Education Committee (a revised version of the charge was distributed at the July 17th meeting)
 - Policy Setting
 - Process Setting
 - Curriculum Oversight
 - Curriculum Evaluation
- The members gave Dr. Simons their support in meeting with the Faculty Council Group to discuss the MEC, its membership and functions which he has been invited to do on September 6th.

It was decided that Dr. Simons should continue to chair the Medical Education Committee as a non-voting member. The topic can be revisited in the future should the need arise.

3. **ICE Course Review - Greg Ogrinc, MD & Eric Shirley, MD**

ICE (Interdisciplinary Clinical Exercises/Experiences) Course Review was presented by Greg Ogrinc and the Action Plan was presented by Eric Shirley

- Dr. Ogrinc opened with a PowerPoint presentation (see attached for details) covering the following points
 - Outline of ICE
 - Course Components
 - Student Assessment
 - ICE Topic
 - ICE Evaluations (Qualitative Themes) for 2010 & 2011 – listed each course’s strengths and suggested improvements for next time.
 - Summary:
 - Generally positive reviews for most sessions
 - Some opportunities for improvement (see attached PowerPoint slides for details)
 - Clarify expectations for each session
 - Create a common theme throughout all the ICE sessions
 - Schwartz rounds are not well attended (it seems)...how to make them relevant
 - Can the syllabus be formatted to reflect an “inclusion” of topics rather than a collection of “excluded” topics?
- The Action Plan was presented by Dr. Shirley (refer to the attachment for details). The following points were covered in the presentation:
 - History of the structure of the ICE course
 - Ice Topics
 - Ice Evaluations including 2011-12 data as available
 - Future Plans
 - Addition of session on Clinical Ethics June 2012
 - Schwartz Rounds are being revised
 - Compassionate Care Rounds
 - Small groups
 - Tie to cases within clerkships
 - Enhance communication with clerkships at CECD
 - New OSCE’s and multiple station OSCE at the end of year 3
 - Suggest addition of non-anesthesia department component to pain management
 - Overall course survey in addition to session surveys
- Discussion ensued with the following points made
 - Student feedback – most of the students concerns have been addressed and are being resolved as a result of Dr. Shirley’s earlier meeting with the students. Some of the reasons that Schwartz rounds were not well attended by students may include, the surprise of the required attendance; the old format was not found to be useful; and the discomfort of attending. The proposed new format will be a vast improvement
 - Regarding Schwartz Rounds
 - Should not be a lot of parallel circles as we go forward with new curriculum changes
 - Encourage the intimacy of the small groups paired with advising so that on-doctoring facilitators and advisors will be more effective
 - Use as a way to connect 1st, 2nd, 3rd, and 4th year students
 - Importance of longitudinal experience should include clinic, professional development and self-reflections. Should think of this as a longitudinal experience – collectively and not in isolated pods
 - Need for stronger emphasis on clarifying the skills/knowledge a student will get from the course.
 - Historically, ICE was used as a way to bring students together to decrease stress as well as a way to teach the exclusions

- A frequent question from students is if it would be possible to digitalize ICE to decrease travel costs and other burdens associated with travel. It was recognized that the burden of travel is not solely due to ICE, but also for clerkship responsibilities, shelf exams, and OSCE's. Therefore rescheduling ICE would not ease the burden of travel.

Todd Poret made a motion to accept the action plan as presented by Eric Shirley

- Further Discussion ensued including the following points
 - Involvement in discussion surrounding curriculum redesign would be helpful for the current group
 - Groups of topics should be linked together in a competency or a theme
 - More specific details on grades of OSCE exams would be helpful to students.

The motion was seconded; a vote was taken and the motion passed with no members opposed and no abstentions.

4. **2nd Year Neuroscience Block - David Nierenberg, MD & Rand Swenson, MD, PhD**

The course review and action plan were prepared by Rand Swenson and Dave Nierenberg. Both were presented by Dr. Swenson in Dr. Nierenberg's absence.

The SBM Neurology course is an integrated neurology, neuroradiology, neuropathology course whose goal it is to provide a broad exposure to the approach to patients with neurologic signs and symptoms.

Dr. Swenson reviewed the following topics (see attachments for details)

- Pedagogy
- NBME
- Course Evaluations
- Narrative Feedback
- Results of review
- Course Objectives
- Issues – Action Plan
 - Exam rated poorly by students
 - Add cultural content
 - Narrative assessment
 - Fewer lecture hours
 - Laboratory
 - Course Pedagogy (from LCME work) (proposed for AY 2012-13)
 - If approved, changes would take effect in October when the course launches

A motion was made to accept the action plan as presented. The motion was seconded and a vote taken. The motion passed with no objections or abstentions.

5. **Guidelines for end of clerkship Shelf Exams – Eric Shirley, MD**

Students raised concerns regarding the grading system in clinical years. In response, there was a lengthy discussion among the clerkship directors about how results of the Shelf Exams are used in the grading scheme.

See the attached PowerPoint presentation by Dr. Shirley for details.

The following new procedures were proposed:

- Medical knowledge is an important competency to be assessed in the evaluation and grading of medical students. One means of assessing medical knowledge is through the use of clerkship-specific NBME shelf exams. These exams are very commonly used in US medical schools, and at the Geisel School of Medicine at Dartmouth most clerkships administer them as well. While clerkships are free to establish how exams are weighted and incorporated into the final grade, the School supports standardization in determining passing or failing exam performances. The policy at the Geisel School on the use of shelf exams in clerkship grading is as follows:
 - Shelf exam results at the 11th percentile or higher represent a passing grade, with the results incorporated into the clerkship grade based on the clerkship grading policy.
 - Results from the 6th to the 10th percentile represent a zone of discretion. In this range the clerkship director(s) may elect to allow a student to repeat the shelf exam prior to determining the final clerkship grade, with the grade carried as Incomplete until the results of the repeat exam are known. If the student's performance was sufficiently strong on other measures of the knowledge competency, such as preceptor evaluations or other clerkship exams, then repeating the shelf exam may be allowed. If performance on other measures of the knowledge competency was not sufficiently strong, then a shelf exam score in this range will result in a failing grade for the clerkship and the student will be discussed at the Committee on Student Performance and Conduct (CSPC) to develop a plan for remediation.
 - Shelf exam results at the 5th percentile or lower represent a failure of the knowledge competency and therefore a clerkship failure, and the student will be discussed at the CSPC to develop a plan for remediation.
- When determining the percentile score for shelf exam results, clerkships should take the raw score and use tables provided by the NBME to determine the percentile score among all students who took the exam last year, and also determine the percentile score among students who took the exam in the same quarter of the last year. The higher of the two percentile scores should be used as the student score.

A motion was made to accept the procedure outlined above. A vote was taken and the motion passed with no members opposed and no abstentions.

Further discussion ensued with the following points made:

- A small number of students fall into the zone of discretion
- Any changes would normally be made before the start of the academic year

A motion was also made and accepted for the committee to re-visit this in several months.

6. Other Business

- **Quarterly Medical Education Grand Rounds:**

First speaker will be presenting on **Thursday, September 27th at noon at DHMC, Auditorium E.** The presenter is Lawrence Smith, MD, MACP. Dr. Smith is the Executive Vice President & Physician-in-Chief at North Shore-LIJ Health System, and the Dean at Hofstra North Shore-LIJ School of Medicine.

Dr. Smith will also be available on **Thursday, September 27th at 9:00 AM at DHMC, Auditorium E** for an open discussion regarding curriculum. Students are welcome.

- **New Positions**

- PhD Educator is being recruited (and will hopefully be in place by October 15th) who will serve as the Director of Curriculum Design & Assessment

[illegible]