

MEDICAL EDUCATION COMMITTEE MEETING

TUESDAY, OCTOBER 16, 2012 4:00 – 5:30 PM DHMC – AUDITORIUM A

MINUTES

PRESENT:

<u>VOTING MEMBERS:</u> Mazin Abdelghany, Jonathan (Aaron) Barnes, Jessie Bay, Ken Burchard, Scottie Eliassen, Aniko Fejes-Toth, Carolyn Koulouris, Victor Laurion, Harold (Hal) Manning, David Nierenberg, Todd Poret, Christiaan Rees

NON-VOTING MEMBERS: Ann Davis, Leslie Fall, Diane Grollman, Michele Jaeger, Virginia Lyons, Brian Reid, Richard Simons, Cynthia (Cindy) Stewart, Kalindi Trietley

1. APPROVAL OF THE SEPTEMBER MEETING MINUTES

The membership unanimously approved the minutes of the September meeting as written.

2. ANNOUNCEMENTS - RICH SIMONS, MD, MACP

Glenda Shoop, MS, PhD, Director of Curriculum Design and Evaluation, was introduced. She was an invaluable resource for Rich in PA and began her new position at Geisel on October 15th.

3. GRADE APPEAL POLICY REVISION – RICH SIMONS, MD, MACP

Dr. Simons presented a revision of the current Grade Appeal Policy which reads as follows:

Each course or clerkship director will determine a student's grade. If the student believes a grade is unfair, the student may request reconsideration directly from the course or clerkship director. Each student is entitled to an explanation of exactly how the final grade was determined and to view the result of component quizzes, examinations, and evaluations that contributed to the final grade. If the student still believes that the grade assigned by the director is unfair, the student should next approach the Department Chair for department-based courses. If the student is still not satisfied with the outcome of the decision, the student may then appeal to the Senior Associate Dean for Medical Education in writing stating the reasons why the grade is unfair. For courses that are not departmentally based the student may appeal in writing directly to the Senior Associate Dean for Medical Education. The Senior Associate Dean for Medical Education is the final authority for grade decisions.

Motion was made, seconded and passed to accept the grade appeal policy as reworded with the insertion in line 3 of 'the result' after view. (See highlighted area above)

Action: Dr. Ann Davis will update the student handbook and notify others of this change.

Considering the grade appeal policy led to a discussion of the role of the department Chairs in student education. Some Chairs make it a point to introduce themselves to students at the beginning of the clerkship which students really appreciate. Others never make an appearance and students may have no idea who they are.

Action: Dr. Rich Simons, will bring up the subject of Chairs introducing themselves to students when he attends the next Dean's Advisory Board.

4. FEEDBACK FROM STUDENT CURRICULUM REPRESENTATIVES

Year 4 - Carolyn noted that the closing of the Dean's Letter a month earlier on October 1st and some really early application deadlines had been an issue for some in the class. The change of timing in the ERAS process contributed to some student stress.

Year 3 – Jessie reported that students would like to be able to take shelf exams at CPMC, especially if the following block is vacation time or slated for an elective. The cost of travel is a problem for the year 3s. Dr. Simons said he and Dino Koff are part of a task force working on the financial issue, but he also commented that clerkship wrap up and orientation occur at DHMC. Dr. Davis suggested that students keep accurate records of travel expenses for feedback to student representatives and financial advisors.

Year 2 - The year 2 students noted that the pathology component of the cardiology block could be strengthened. Dr. Nierenberg will discuss this issue with the course directors.

Year 1 – The major concern for year 1 is the respiratory and cardiovascular physiology classes. Students say that classroom teaching often consists of reading aloud the power points. Formatting of power points themselves needs tweaking. Sometimes the power points are not presented well. There is lack of clarity - lots of zooming in occurs before the big picture is even presented. Again, Dr. Nierenberg agreed that this is not a new issue and the school has been working to address these concerns for several years but sees little improvement. For example, unlabeled graphics on power points make it very difficult to conceptualize, and the department has been asked to correct this for two years.

Students are also concerned that their small groups are not providing equal experiences and some are much stronger than others. Dr. Hal Manning pointed out that this is an inherent problem in small groups because many different experiences, presentation styles and personalities are involved. It is worth taking another look at the make-up of the groups but there is no magic bullet to address all the differences.

Action: Dr. Rich Simons, and Dr. Virginia Lyons, will meet with the course directors to address these issues. They will take advantage of input from Dr. Leslie Fall and Dr. Glenda Shoop as they work on course design and the move toward a new curriculum.

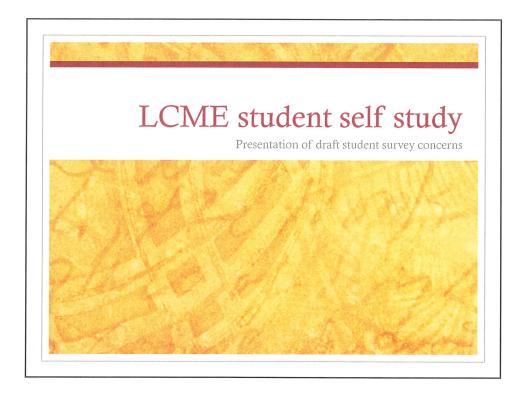
Dr. Ken Burchard wondered if the work on fixing these issues would be a stop gap solution – making the old model better or a way of beginning movement toward a new model. Dr. Fall commented that needs assessment should take place before changes are made, and it is important that we keep up with the best uses of technology.

5. LCME STUDENT SELF STUDY REPORT – CAROLYN KOULOURIS

Carolyn Koulouris presented a power point reporting the results of the LCME mandated student self-study survey. This is an anonymous student survey designed by students. About 300 responded. Please see attached for details.

UPCOMING SCHEDULED MEETINGS:

Nov. 20	Dec. 18	Jan. 15	Feb. 19	Mar. 19	Apr. 16	May 21	June 18	July 16
Aud.	Aud.	Aud.	Aud.	Aud.	Aud.	Aud.	Aud.	Aud.
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Disclaimer

■ This discussion focuses on student concerns rather than a fully representation view of the total survey results

Institutional Setting

- Resources for Med Ed, Office of Information Tech
- Interaction with other health professionals
- Student mistreatment
- Diversity
 - LGBTQ self identifiers and mistreatment
 - Mentors
 - [NOT the Multicultural Affairs Office]

Educational Program for MD

- Lack of central oversight for the curriculum
 - Redundancy
 - Lack of change to identified areas of concern
 - Strength of MEC
 - Departmental courses
- Lack of active learning
- Lack of ethics and social justice curriculum
 - Transition between clinical and pre-clinical years
 - Rehab, end of life

Teaching and Assessment

- Quality in preclinical years (22%)
- Resident preparation
- Feedback in clinical years
 - Formative
 - Correlation with grading
 - Surgery

Medical Student Services

- Distant sites and advising
- Subintership scheduling
- Finances of travel

Health services and personal counseling

- > Older students
- Mental health accessibility
 - Confidentiality
- Scheduling appointments
 - Hours, interaction with staff, lack of flexiblity

Learning Environment

- LIBRARY
 - Physical plant
 - Hours
- Small group rooms
- Greater transparency of CSPC
- Confidentiality of grades
- Process to challenge clinical grades

Clinical Teaching Facilities • DMEDS • Away sites ?