



MEDICAL EDUCATION COMMITTEE (MEC)

MEETING

TUESDAY, FEBRUARY 18, 2014

4:00 – 6:00 PM

DHMC AUDITORIUM D

MINUTES

Voting Members		Voting Members		Non-voting Members		Non-voting Members	
Abdelghany, Mazin T.	--	Johansen, Sarah G. (Chair)	X	Comi, Richard	--	Lyons, Virginia T.	X
Ahmed, Yashi	--	Madden, Dean R.	X	Cousineau, Laura K.	--	McAllister, Stephen B.	--
Barnes, Jonathan A.	X	Manning, Harold L.	0	Davis, Ann J.	--	Noble, Geoffrey P.	--
Bay, Jessie	X	Nierenberg, David W.	X	Dick, III, John. F.	0	Reid, Brian P.	--
Black, Candice	--	Reed, Virginia A.	--	Eastman, Terri L.	--	Shoop, Glenda H.	X
Boyce, William	X	Rees, Christiaan A.	X	Fall, Leslie H.	--	Simons, Richard	X
Brazile, Tiffany, M	X	Shah, Krina S.	--	Grollman, Diane W.	X	Stewart, Cynthia L.	X
Burchard, Kenneth W.	0	Supattapone, Surachai	0	Hahn, Cynthia K.	--	Todd, Frances M.	--
Colby, Benjamin S.	X	Usherwood, Edward	--	Jaeger, Michele W.	X	Trietley, Kalindi E.	--
Freemantle, Sarah	X	Weinstein, Adam	0	Kidder, Tony	--	Eliassen, Scottie	--
Hyde, Robert	X			Lahey, Timothy	X	Hammond, Rachel (Admin. Support)	X

Guest(s)	Guest(s)
Bzik, David	Sentman, Charles
Hanissian, Paul	Pschirrer, Rebecca
Avery, Lori	

Present = X Absent = -- Excused = 0

1. Call to Order – Sarah Johansen, MD

Dr. Sarah Johansen, Chair, called the meeting to order at 4:02 pm.

2. Approval of December's meeting minutes

Dr. Dean Madden made a motion to approve the January minutes. The motion was seconded by Dr. Robert Hyde. The motion passed by a unanimous vote.

3. Announcements – Sarah Johansen, MD

- The second annual curriculum review (MEC/Office of GME) will be held on February 28th 2014, at Dartmouth Hitchcock Medical Center in Auditorium G. The Office of Medical Education and the MEC need to conduct a periodic examination of the components and the curriculum as a whole, which is the primary purpose of this annual review. Dr. Johansen encouraged MEC members to attend this meeting.

4. Old Business – Sarah Johansen, MD

- **Wilderness Medicine Elective – [After discussion with Charles Manning prior to meeting,] not bold a** correction on wording is being proposed from “\$500.00” to “additional expenses may be required”. This wording is similar to how other electives forewarn students about additional expenses and proposal has been updated to reflect this change.

Dr. Sarah Freemantle made a motion to approve the Wilderness Medicine Elective. The motion was seconded by Christiaan Rees. The motion passed by a unanimous vote.

5. New Business

LCME: Monitoring Processes – Sarah Johansen, MD

When the LCME citations were reviewed last month, many of the items related to the documentation for our current efforts in these areas of citations. Many of these citations are being addressed and Dr. Simons has identified a person(s) responsible for each one. Documenting clearly the processes and progress we make is essential for our LCME progress report due in December 2014.

- **Timeline for periodic review of current curriculum (ED-35)**
The MEC needs a clear timeline for its review of the current curriculum. Dr. Virginia Lyons, Dr. David Nierenberg and Dr. John Dick are working to produce the timelines that are necessary so the MEC can accommodate the need to review course proposals for the new curriculum. (April MEC meeting)
- **Comparability across sites (ED-8)**
Quarterly report: Dr. John Dick has been assigned to provide a quarterly report on comparability across sites to the MEC. (April, June, Sept, Dec for 2014 cycle) This assures 3 reports on comparability prior to preparation of LCME Progress Report, which is due December 2014.
- **Monitoring Duty Hours (ED-38)**
Dr. John Dick has been assigned to give a semi-annual report to the MEC (April, Sept for 2014 cycle). Assures 2 reports on Duty Hours prior to preparation of LCME Progress report due Dec 2014.
- *Draft of LCME Progress Report will be presented at the October 2014 MEC Meeting*

Immunology / Virology Year 1 Review – Virginia Lyons, MD

Course objectives were clearly written and they correlated well with the Step 1 brochure. A few sessions did not provide objectives to the students. The course is heavily lecture-based; therefore, the course directors need to introduce more engaged/active forms of pedagogy. Assessment questions have been improved since the last review of the course; however, further revisions are needed. Students continue to cite frustration with the content on assessments.

- **Virology**
The course is half way through the year. A major issue is wrapping up the active modes of learning with the pedagogy, and reducing the lecture hours. There will be a transition to large-group format this year. There is no mandatory attendance, but almost every student attended, and it is a very engaged group.

Faculty seem to view the new format favorably, and there are no predicted challenges in wrapping up the final 6-10 virology sessions. Learning objectives were not completely provided for all sessions. Last year, the faculty members were not telling students what material to study, such as lectures, notes, or books, and this became a significant issue. This year, all faculty members are committed to a uniform method of introducing the material. The course material has been converted into a single iBook. Students are provided a practical explanation of what the learning objectives mean and what type of material is needed for quizzes.

- **Immunology**

Faculty members have been spending a large amount of time incorporating active learning into the course. Team-based learning sessions were used this year. No feedback has been received since the course is still in process. Learning objectives have been rewritten correctly, and are included in all slides. New assessment questions are always being added. The lecture time was reduced by one hour to create more time for team-based learning. Identifying an at-risk student is very challenging, and not very successful, unless the student self-identifies.

Pediatrics topics, such as immune deficiencies that are diagnosed early in life, maternal transmission of antibodies, are covered in the course. Geriatrics is not specifically covered. It does come up in vaccines a bit. The general consensus is that regarding age related changes, the course should make sure to cover neonates/infants, the development of immunity and immune function, as well as geriatrics and make sure that both ends of the spectrum have terms that can be mapped to the course objectives.

Redundancy when identified should be justified as intentional and documented as such.

Questions raised regarding action plan:

Whose responsibility is the faculty development for a faculty member whose teaching may not be received as favorable?

Dean Simon: 1) The course Director 2) Department Chair or 3) Dean Simon

The consensus was that faculty development should be included in the action plan when possible?

Even though every examination question is being mapped back to objectives “students continue to feel “blindsided” because they have difficulty interpreting the specific level of detail expected, All course directors must require clarity of expectation-critical which level of detail required.

<i>Action plan has not been completed, and will be sent for MEC review.</i>

New Curriculum – Timothy Lahey, MD

The redesign was put on hold in November, 2013, to await a decision about the budget. The redesign plans were resumed with the announcement that funding would continue for the redesign efforts.

The most recent proposal reduces the number of PBL hours from 6 hours/week to 3 hours/week. This reduction in PBL hours will increase the amount of time for other sessions, reduce pressure on current faculty, and save approximately \$400,000. If PBL is 3 hours/week, could some of the generic slots be used for other types of small groups? Yes, this is preferable.

Nierenberg raised question - In the original redesign the On-doctoring course increases from 3 ½ hours/week to 6 hours/week. This is a significant inflation of course hours, which decreased basic science hours. Is this ideal? Can On-doctoring handle this?

Lahey - Dr. Roshini Pinto-Powell and Dr. Nan Cochran have assessed this increase and feel that it is achievable. The students want more clinical time earlier in the curriculum.

Scheduling PBL a couple times each week builds self-directed learning into the system.

The MEC Needs a system for new course reviews:

Should the full MEC discuss each course with the particular leader for the discussion?

Should a subset of the MEC review offline and present recommendations?

Should two members of the MEC be responsible for each course review, and we would subsequently review as a group?

<i>What was proposed in June</i>	<i>What is being proposed Now</i>
PBL – 6 hours/week, 2 sessions	PBL – 3 hours/week, 1-2 sessions
All other sessions – 8-9 hours /week	All other sessions (Lab, Lectures) 11 hours/week
Total – 22 hours/week	Lectures limit – 40% (Consistent with Policy)

Dr. Dean Madden made a motion to approve the Proposed Amendment to Weekly Schedule in Curriculum Redesign. The motion was seconded by Jonathan Barnes. Seven in favor, One opposed. The motion passed by a majority vote.

OB/GYN Clerkship Review – John Dick, MD, Paul Hanissian, MD, and Rebecca Pschirrer, MD

○ Grade Distribution

Students on rotation at the *California Pacific Medical Center (CPMC)* were identified as having significantly lower performing NBME shelf exams. Dr. John Dick is working closely with CPMC faculty and has scheduled a site visit in March 2014.

A higher number of students on rotation at *Nashua* received clinical pass scores compared to the clerkship average which was aided by the implementation of the revised final grade evaluation that began in academic year 2013.

A higher number of students at *Peterborough* received clinical honors compared to the clerkship average. This finding is somewhat biased as there are only 4 students/year at this site, and ultimately disproportionately high number choose OB/GYN.

Fewer students at *Concord* proportionally receive a clinical pass compared to the clerkship average. Dr. John Dick is working with faculty and a site visit is planned.

○ Student Feedback

The score for quality of teaching by residents at Hartford was an outlier on the low end compared to the clerkship average of 4.1. One reason cited was increased stress in the residency program with 7 medical leaves. A site visit is planned for the spring of 2014.

A concern was raised that students only get the chance to learn pelvic examinations in the OB/GYN clerkship. Previously, pelvic examinations were taught in On-Doctoring as well as OB/GYN. If there is room in the budget, it would be beneficial if the students could complete pelvic examinations in both On-Doctoring and OB/GYN. Dr. Richard Simons will work with Dr. Roshini Pinto-Powell to discuss the concern.

Dr. Dean Madden made a motion to approve the OB/GYN Clerkship Review. The motion was seconded by Jonathan (Aaron) Barnes. The motion passed by a unanimous vote.

MD/PhD Program – Group Discussion

- What is the impact on the MD program, if we do not have any MD/PhD students?

Discussion:

This is an operations issue, which is beyond MEC preview. Never-the-less, committee wanted to discuss briefly how might be related to MD experience.

Members Comments:

- Intangible impact on MD curriculum (Nierenberg) Yr IV MD/PhD/MBA/TDI rejoin class for clinical Pharm/HSP. Leads to richer discussion in courses. Provides diversity to the student body.)
- No impact on MD curriculum: (Colby) No less diversity, already have students matriculating with advanced degrees in our student body
- Concern as an admissions issue and the quality of applicants we attract if the decision reflects negatively on our academic mission

Student Representative Concerns

None

7. Other Business

- **Favorable Feedback**
 - Proportion of discussion was much greater than in past meetings
 - Agenda and time management (holding presenter to the time)
 - Format for presenting course reviews is effective
 - Members doing more work prior to the meeting was appreciated
 - Continue to prioritize for an excellent education, in addition to responding to LCME citations
 - Impressed with presenters and that there were a number of student suggestions that were acted upon
 - Course review process has been a work in progress, and it's being refined. The course directors are getting to the point of succinctness.

8. Adjournment – Sarah Johansen, MD

Dr. Johansen adjourned the meeting at 6:00 pm.

9. Future Discussions (Rachel-I think we already updated this? Check notes?)

- On Doctoring: Follow up on OBGYN Exam – *Richard Simons, MD*
- Discussion: Student/Course preparation time
- Course electives: MEC Review and Grading Policy
- MEC Policy on Independent Studies and Individual electives
- LCME: Vertical Integration Group - Culturally appropriate care to a diverse population

10. Future Meeting Dates (Third Tuesday of each month, 4:00-6:00 pm)

- April 15, 2014
- May 20, 2014
- June 17, 2014
- July 15, 2014

Prepared by: Rachel A. Hammond
Date: February 22, 2014