

MEDICAL EDUCATION COMMITTEE

MEETING MINUTES

Meeting Date: Tuesday, May 20, 2014
 Time: 4:00 – 6:00 pm
 Meeting Location: DHMC – Auditorium D
 Approval: Tuesday, June 17, 2014
 Recorded By: Rachel A. Hammond

ATTENDANCE

Voting Members		Voting Members		Non-Voting Members		Non-Voting Members	
Abdelghany, Mazin	--	Johansen, Sarah (Chair)	X	Comi, Richard	--	Lyons, Virginia	X
Ahmed, Yashi	X	Madden, Dean	X	Cousineau, Laura	--	McAllister, Stephen	--
Barnes, Jonathan	--	Manning, Harold	0	Davis, Ann	--	Noble, Geoffrey	--
Bay, Jessie	--	Nierenberg, David	X	Dick, III, John	X	Reid, Brian	X
Black, Candice	X	Reed, Virginia	0	Eastman, Terri	--	Shoop, Glenda	X
Boyce, William	--	Rees, Christaan	--	Fall, Leslie	0	Simons, Richard	X
Brazile, Tiffany	--	Shah, Krina	--	Grollman, Diane	X	Stewart, Cynthia	0
Faculty Council Rep (Vacant)	--	Supattapone, Surachai	X	Hahn, Cynthia	--	Todd, Frances	--
Colby, Benjamin	X	Usherwood, Edward	X	Jaeger, Michele	0	Trietley, Kalindi	--
Freemantle, Sarah	0	Weinstein, Adam	X	Kidder, Tony	--	Eliassen, Scottie	--
Hyde, Robert	X			Lahey, Timothy	X	Hammond, Rachel (Admin. Support)	X

Guest(s)	Guest(s)
Ryder, Hilary	

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 April's meeting minutes

Dr. Adam Weinstein made a motion to approve the April 2014 minutes. The motion was seconded by Dr. Robert Hyde. The motion passed by a unanimous vote.

3. Announcements – Sarah Johansen, MD & Richard Simons, MD

- Dr. Eric Holmboe will be visiting June 4-5, 2014
Dr. Holmboe is the Senior Vice President for Milestones Development and Evaluation of the Accreditation Council for Graduate Medical Education (ACGME). He will be a guest of the ***Geisel School of Medicine Thursday, June 5, to give the Leading Voices in Medical Education Grand Rounds, as well as lead a series of didactic and experiential workshops for our faculty in Auditorium G at DHMC.*** Information will be distributed through the Office of Faculty Development.
- Attendance – Dr. Johansen will be addressing the attendance concerns on an individual basis. If you know in advance that you are unable to attend a meeting please let Dr. Johansen or Rachel Hammond know. As the summer months approach, attendance will vary and we want to be sure we have a quorum.

4. Old Business – Sarah Johansen, MD

- **OB/GYN** – There are growing concerns that second year students are not given the opportunity to learn the pelvic exam before they enter the third year. OB/GYN is done late in the third year, and the students will be on other rotations where the necessity to do a pelvic exam may arise, concern was that the students would not be prepared if they have not been given the proper training before their rotation. Dr. Simons and Dr. Pinto-Powell meet with the new chair of OB/GYN, Dr. Demars. Dr. Demars has agreed to facilitate having the On Doctoring students have two sessions with the midwives in the OB clinic. They will have the opportunity to go through the pelvic exam a couple of times.

The MEC members discussed several concerns:

- ✓ Patients chose a midwife for the personal 1 on 1 experience, and to separate themselves from the teaching experience
- ✓ Is there is enough opportunity of real patients for the students
- ✓ Student may lose the experience feedback from standardized patients, and the opportunity to ask questions in this setting
- ✓ The student may not be identified as a student, and possibly introduced as a Doctor
- ✓ Understanding whether fiscal issues drove the decision to eliminate simulated patients or was it driven by a teaching model

Dr. Simons reiterated the need to trust the judgment of the chair of OB/GYN who feels this is a safe and effective way of teaching. It was suggested that we invite OB/GYN or On Doctoring to the MEC to explain the teaching process and help answer questions.

- **Term Limits of MEC Membership** - Dr. Johansen has sent the following proposal to the Faculty Council: "Medical Education Committee requests approval of term limits. The term

of an appointed voting member of the MEC shall be three years with the option of serving a second term if member so chooses, and has been an active member of the committee."

5. New Business

- **Course Review Accountability** – *Sarah Johansen, MD*

Course Review Accountability – A course-review-accountability policy was reviewed and approved. This policy is in response to a recent incident where a course exam had negative stems to the degree that a concern was raised regarding the students' ability to understand the items with negative phrasing. This same course was cited by the MEC in 2010 for using negative formatted test questions on the course exam. Per the action plan in 2010, the test format was corrected for 2011. The MEC subcommittee that reviewed the course this year found the negative stems were brought back into the exam.

This year, five first-year students failed the micro/immunology course. A question that came up in the Committee on Student Performance and Conduct (CSPC) meeting related to the contribution of the exam to the students' failures. Students had complained that a number of questions had negative wording. The understanding is that the exam was not congruent with the course. The CSPC has awarded the students with reexaminations during the upcoming summer. When the exam is written for the reexamination, the MEC supports that the defects will be corrected, the students will be confident that the exam is fair and weighted in proportion to the main topics in the course, and the exam excludes trick questions.

Keep in mind that this proposal is not about deficiencies that turn up in a course for the first time, such as an instructor trying something new which was unsuccessful. Instead it addresses noncompliance with an accepted plan for correction. Typically not from bad intent, it often occurs with transitions (a course director leaves) or poor communication (a ball was dropped for a valid reason).

Course Review Accountability Policy:

"Each subsequent course review will evaluate the extent to which the course has successfully implemented the changes described in the MEC-approved action plan. If serious deficiencies have not been addressed, they must be included in the action plan again. In addition, in this case, the course will be eligible only for one-year approval. The course directors will be required to present the MEC and the Senior Associate Dean for Medical Education with evidence of good-faith efforts to address the course deficiencies (e.g., reformatted tests; new lecture notes; faculty-development plans; etc.) within an appropriate timeframe to prepare for the next course offering. Following the next iteration, the course will be reviewed to evaluate the success of the action plan and to identify any additional requirements before final 2 year approval. The appropriate response, and its timing, may be individualized, and communicated by the MEC, this determined by the nature of the deficiency and needs of the course."

Discussion:

- ✓ Students would like the Action Plan available at the beginning of the course. They would like to know the action items, and what items have been changed.
- ✓ Transparency is university valued, but there is concern that students will approach a course with a negative bias, despite changes made.
- ✓ There was concern that if “listed”, faculty will feel that students are “policing” the course.
- ✓ Overall the course directors have been doing really well. The overall criticism of the students have been low

Suggestions:

- ✓ Address changes and course improvements at the beginning of the course
- ✓ Action Plans are available on the Geisel website under Medical Education

Dr. Dean Madden made a motion to approve the Course Review Accountability Policy. The motion was seconded by Dr. Edward Usherwood. The motion passed by a unanimous vote.

- **Curriculum Redesign** –*Timothy Lahey, MD & Glenda Shoop, PhD*

Geisel Objectives & Mapping

Mapping is a process or procedure where you collect and record curriculum related data such as objectives, instructional methods, topics, the content of the course, and clerkship, assessment methods, and time allowed to a particular course. Once all the data is recorded it allows you the ability to create all kinds of visual representations of the curriculum. It allows you document the relationships between the components of the curriculum. It allows you to see if the objectives map to the competencies.

Mapping also magnifies the problem areas of the curriculum. It shows you the redundancies, what are the gaps, what are the weaknesses, what are the misalignments of topics. Are some topics over-covered, or under-covered. It allows course directors to talk across courses and across years.

When do you do curriculum mapping? Generally there is a change or an alteration in your education program. AAMC requires the curriculum to be mapped and shared with them.

This is a work in progress, and is a partnership with your faculty.

CLC Course objectives are mapped as the following.

- ✓ 20 are mapped to clinical care
- ✓ 12 are mapped to communications
- ✓ 4 are mapped to medical science

(See attachments)

- **Inpatient Medicine Clerkship** – *John Dick, MD & Hilary Ryder, MD*

The course was reviewed very favorably. There were no major issues, aside from one that was carried over from the previous review that Dr. Ryder will be addressing very closely.

Specific suggestions were to add altered mental status and acute pain. The group felt this was underrepresented.

Learning opportunities – Each clerkship has been asked to address high value healthcare. This request could include what they are currently doing, or creating a new module.

Learning assessments - Currently have 5 written assignments, and then sit down with the student to go over written assignment. The student must have all the information in the right order, they also ask themselves a clinical question and then answer using the literature and provide citations.

Was approached by Dr. Greg Ogrinc's group to work on patient safety and medical error, and teaching students how to report this.

Mini-CEX can be done by the faculty to assess communication skills. Students will be the primary communicator, educator with the attending of record for the team and patient.

(See attachments)

Dr. Surachai Supattapone made a motion to approve the Inpatient Medicine Action Plan. The motion was seconded by Dr. Robert Hyde. The motion passed by a unanimous vote.

Dr. Dean Madden made a motion to approve the Inpatient Medicine Objectives changes listed in the action plan. The motion was seconded by Dr. Adam Weinstein. The motion passed by a unanimous vote.

6. Student Report/Feedback

No new business or concerns to address at this meeting.

7. Adjournment – Sarah Johansen, MD

Dr. Sarah Johansen, Chair, adjourned the meeting at 6:15 pm.

8. Future Discussion

- ✓ Discussion: Student/Course preparation time
- ✓ LCME: Vertical Integration Group – Culturally appropriate care to a diverse population
- ✓ Term Limits for MEC Chairman
- ✓ Rolling Clerkship feedback from students

9. Future Meetings

*** Please note these meetings are on the 3rd Tuesday of each month

- ✓ July 15, 2014
- ✓ August 19, 2014
- ✓ September 16, 2014
- ✓ October 21, 2014

- ✓ November 18, 2014
- ✓ December 16, 2014

Action	Assigned To	Deadline
Champions to be determined and course descriptions sent	Sarah Johansen	June/July 2014
Attendance of MEC Members	Sarah Johansen	May 20, 2014