

MEDICAL EDUCATION COMMITTEE

MEETING MINUTES

Meeting Date: Tuesday, July 15, 2014
 Time: 4:00 – 6:00 pm
 Meeting Location: DHMC – Auditorium B
 Approval: Tuesday, August 19, 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
Vacant	--	Madden, Dean	X	Cousineau, Laura	--	McAllister, Stephen	--
Barnes, Jonathan	--	Manning, Harold	0	Vacant	--	Noble, Geoffrey	--
4 th Year Rep (Vacant)	--	Nierenberg, David	X	Dick, III, John	X	Reid, Brian	X
Black, Candice	0	Reed, Virginia	--	Eastman, Terri	--	Shoop, Glenda	X
Boyce, William	--	Rees, Christaan	0	Fall, Leslie	X	Simons, Richard	X
Brazile, Tiffany	--	Shah, Krina	--	Grollman, Diane	X	Stewart, Cynthia	0
Faculty Council Rep (Vacant)	--	Siegel, Timothy	0	Hahn, Cynthia	--	Todd, Frances	X
4 th Year Rep (Vacant)	--	Supattapone, Surachai	X	Jaeger, Michele	X	Vacant	--
Freemantle, Sarah	X	Usherwood, Edward	X	Kidder, Tony	--	Eliassen, Scottie	--
Hyde, Robert	X	Weinstein, Adam	X	Lahey, Timothy	X	Hammond, Rachel (Admin. Support)	X

Guest(s)		Guest(s)	
Cathy Pipas	Laura Cousineau	Kim Betts	Brenda Sirovich
Lisa Jackson	Susan Martin	Jim Bouchard	Craig Westling
Greg Ogrinc			

Present = X / Absent = -- / Excused = 0

1. Call to Order – Sarah Johansen, MD

Dr. Sarah Johansen, Chair, called the meeting to order at 4:03 pm.

2. Approval of June's meeting minutes

Dr. Sarah Freemantle made a motion to approve the June 2014 minutes. The motion was seconded by Dr. Surachai Supattapone. The motion passed by a unanimous vote.

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

- Dr. Richard Simons announced the retirement of Kalindi Trietley from the Learning Services Office. At this time, the Academic Skills Center of Dartmouth College will be working with Geisel's student referrals. He also noted that students could self-refer at the Center located within Baker Berry Library.
- Dr. Simons also announced the disability services offered through the Student Accessibility Services Office at Dartmouth College will be working with Geisel students. He noted that a consultant may be brought in on a case-by-case basis. Glenda Shoop, PhD, will be the point coordinator for students who may require disability services. The consultant process will be temporary until Dartmouth College determines if there is a need for a college-wide disability office.

4. Old Business – Sarah Johansen, MD

- Membership – Please be thinking about people to broadly represent the faculty and student body, we would like a balance between clinical and basic sciences.
- Thanks to non-voting members, diligent in attendance and offering feedback, insight, and input. It makes a difference. Though non-voting your participation in the discussions is appreciated. If interested in being a champion for any of the reviews, you are more than welcome to join and should let Sarah know.

5. New Business

- **Leadership Course Presentation – Cathy Pipas, MD**

Why competency and leadership? The Association of American Medical Colleges (AAMC) is now calling for leadership to be a strategic priority equal to that of learning.

Three main reasons

- ✓ Systems – ineffective, inefficient, unsustainable costs
- ✓ Teams – under function
- ✓ Individuals – high rates of burnout

Vision – A Community of Leaders that Promotes and Fosters Effective Leaders in Themselves and Others.

Approximately 70% of the sessions proposed have been tested and piloted by the working group as well as the advisory group, and educational group.

Leadership elective has been run two years in a row, where a condensed version of the materials had been offered over an eight week term.

The floor was opened for questions.

Q: Will this be a small, or large-group sessions?

A: Small-group sessions

Q: Foundations of Medicine Course as the example, in the five-week course, 9 hours are set aside for all of the Evaluation Course, Leadership Course, Medicine in Context Course, Systems and Improvement Course (ELCS). Has the 4 hours of leadership been negotiated with the other ELCS, so it is 4 hours out of the 9 hours?

A: Being negotiated as we speak. Greg has built a template and working with Cathy.

Q: Where does the concept of being a member of a team, rather than participation as a Leader?

A: In terms of the team, developing a team, knowing all the rolls, being able to participate, and fulfill each of those roles. This is a major focus in the course.

Q: Hard to envision the fourth year when students are all over the country. How will 13 sessions work into the curriculum?

A: Details have been worked out in the first-year, and it will take a lot more cooperation and integration of themes. Fourth year is yet to be developed in collaboration with the other ELCS and Yr IV curriculum

Q: How many mentors will need to be recruited, and how much time will be expected?

A: Currently there are 9 small-group facilitators that have taught this without Dean Souba. Cathy feels comfortable going into the first year without his influence. He has been an invaluable resource, and has contributed greatly to certain components.

Q: Integration plan for phase II, align the session with a clerkship. You may not be able to integrate every student with every session.

A: Allowing the students to stay online, similar to family medicine.

Q: There are 136 hours of ELCS time in Foundations, Phase I. It's a little problematic how 48 hours would take place.

A: Phase I is stacked forward. The Medicine in Context Course is much heavier in Phase III than Phase I.

Q: Given the discussion of how complex it will be to integrate this material into Phase II and Phase III, the only time it is going to be straight forward to book class room time is Phase I. We will need to be sure when building asymmetrical models that those courses that are planning on time in Phase III do not get whipped sawed when it turns out there are not easy ways to develop things.

A: ELCS group has looked at all the courses as one, not everyone is looking for this same model of classes. The best way to describe this is "We are in active negotiation with each other".

Q: Concerned about Phase III. How many of hours of course work are needed?

A: When you really look at what the ELCS course comprises, it is very similar to HSP. This kind of material will take the place of HSP. These discussions have not yet taken place as this is Phase III.

It was suggested by Dr. Lahey that before the groups are asked to come back to present their phase II/III plans, we prioritize defining what happens in the spring of 2019, as it relates to ELCS earlier than some of the other curriculum pieces

Dr. Johansen stopped the discussion and gave some suggestions. Our focus should be primarily on phase I. With the newer courses we have anticipated the need, and scheduled an additional month to allow time for processing the presentation and for more questions to be brought back to the champions before voting. The members agreed that they need more time and have more questions. It was decided that the discussion may be a group email discussion. Dr. Pipas has offered additional opportunity for face-to-face discussion. It was noted that if a member has a question and prefers to keep anonymous, the question should be sent to the champions directly.

A decision was made to postpone the conversation until the next meeting in August.

Dr. Simons commented that Dr. Pipas and her group should be commended; they have done a superb job at laying out a nice structure that is easily understood.

See attached Leadership Presentation.

- **HAE II – Virginia Lyons, PhD**

Dr. Lyons briefly reminded the members that she is presenting her own course, but was not a member of the team reviewing the course.

There were no specific recommendations for the course objectives. A suggestion was made that course directors should explore opportunities to include activities in the course that meet the current LCME definition of active and self-directed learning.

Assessment questions are well written, and correlate with the objectives and material emphasized in the course. The course is well taught, and highly regarded. Minor improvements could be made in the embryology sessions and the newly created course iBooks.

It was noted that this course review was very well prepared and presented.

See attached HAE II Course Review.

Dr. Dean Madden made a motion to approve the HAE II Course Review and Action Plan. The motion was seconded by Dr. Surachai Supattapone. The motion passed by a unanimous vote.

- **Policy Development / Elective Grading – John Dick, MD**

The policy is being presented to create a standard for grading students during their electives and sub-internships in years three and four.

The floor was open for discussion.

Dr Dick is concerned that there is no consistent grading rubric for electives and sub-internships.

Dr. Madden noted a clear policy is needed. He proposed that for existing electives, if a course director chooses to do something other than pass/fail, they must provide justification to the MEC. Otherwise the courses have been reviewed, and introducing another piece of administration is unnecessary?

Dr. Johansen noted that an explicit evaluation process for each course is critical and needs to be clear for the students. Dr. Simons also noted there is a difference between explaining vs. justifying the process. Showing the rubric was felt to be reasonable, but showing a “statement of your justification” is a separate and unnecessary item

Dr. Dick noted there are hundreds of electives that will not be coming through the MEC, as opposed to the new electives. Clearly we are not going through each of them individually.

It was suggested by Dr. Johansen that a letter be sent to course directors of existing electives, asking how each elective is currently being graded, and for the process or rubric used.

Dr. Weinstein suggested that the wording be left as is; when they present the elective to the MEC they will be justifying it. For the current electives, maybe it’s a different issue, perhaps all the current electives can be pass/fail. If the director wants it to be honors/pass/fail then they can present the grading process or rubric.

In the first two years, on the back of the transcript there is key, if a “pass/fail” course PAS is entered on your transcript, if an “honors/pass/fail” you get a P. Regarding “credit/no credit”, there is a policy that students in years III and IV cannot take an elective for “no credit”.

The undergraduate studies at Dartmouth College, has a “citation process” in place for grading. The top grade given to a student is an A. If the student went above the A, the student was given a citation (*) where a note could be made by the course director. It was noted by the Registrar’s office that this would create a lot of extra work for the Registrar’s office.

The group agreed that feedback from students, and individuals who review transcripts would be beneficial before making a decision about the MEC policy on elective grading.

Dr. Johansen suggested the option of a subcommittee to assist Dr Dick, if needed, over the next couple of months in asking questions of the relevant stakeholders (e.g. students, residency directors, registrar.) The plan needs to be in place before January 1, 2015. Dr. Simons suggested that given the amount of work of the MEC, couldn't the student reps poll their classmates.

Questions from the group

1. Keep as is. (Some electives are P/F, some H/P/F) and given a deadline and option for choosing pass/fail.
2. Assign all current Electives as Pass/Fail and give the course directors the option "H/P/F" by providing a process or rubric to the MEC.
3. Do we want current and future electives to provide a rubric or some other form of justification for honors/pass/fail?
4. What do we want Course Directors to present to the MEC for new electives?
5. How do we want to deal with the current electives?
6. What to call it? P vs. Pass
7. Will students take an elective that they are not necessarily interested in but will boost their grades, verses an elective they are interested in that doesn't offer honors?

See attached Elective Grading Policy.

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 6:14 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
- ✓ MEC process review for Curriculum redesign
- ✓ Policy on Independent electives: "Study in X specialty"

9. Future Meetings

**** Please note these meetings are on the 3rd Tuesday of each month, 4:00p-6:00p*

- ✓ August 19, 2014
- ✓ September 16, 2014
- ✓ October 21, 2014
- ✓ November 18, 2014

- ✓ December 16, 2014

10. Future Business

- ✓ Discussion: Student / Course preparation time
- ✓ LCME: Vertical Integration Group – Culturally appropriate care to a diverse population
- ✓ Rolling Clerkship feedback from students
- ✓ Policy on Special Topics: Independent elective

11. Action Pending

- ✓ Term Limits for MEC Chairman (approval pending – Faculty Council)
- ✓ Term Limits for MEC Members (approval pending – Faculty Council)

12. Parking Lot: Questions / Issues for Curriculum Design

- ✓ Balance of time/hours for the ELCS courses into Phase II and III?
- ✓ What happens to HSP?
- ✓ Can aspects of Leadership course be integrated into PBL and On Doctoring for a uniform message/vocabulary/tools across courses and for conservation of facilitators