

MEDICAL EDUCATION COMMITTEE

MEETING MINUTES

Meeting Date: Tuesday, August 19, 2014
 Time: 4:00 – 6:00 pm
 Meeting Location: DHMC – Auditorium B
 Approval: Tuesday, September 16, 2014
 Recorded By: Rachel A. Hammond

ATTENDANCE

Voting Members		Voting Members		Non-Voting Members		Non-Voting Members	
Abdelghany, Mazin	--	Rees, Christaan	X	Comi, Richard	--	Lyons, Virginia	X
Barnes, Jonathan	--	Shah, Krina	--	Cousineau, Laura	X	McAllister, Stephen	X
Black, Candice	X	Siegel, Timothy (CPEB)	0	Dick, III, John	X	Noble, Geoffrey	X
Freemantle, Sarah	X	Smith, Marietta (2 nd Yr. Student)	--	Eastman, Terri	--	Reid, Brian	X
Hyde, Robert	0	Usherwood, Edward	X	Eliassen, Scottie	--	Shoop, Glenda	X
Johansen, Sarah (Chair)	X	Weinstein, Adam	X	Fall, Leslie	X	Simons, Richard	0
Madden, Dean	X	4 th Year Rep (Vacant)		Grollman, Diane	X	Stewart, Cynthia	0
Manning, Harold	X	4 th Year Rep (Vacant)	--	Hahn, Cynthia	--	Todd, Frances	--
Morton, Stephanie (2 nd Yr. Student)	--			Jaeger, Michele	X		
Morrow, Cathleen (FC)	0			Kidder, Tony	--		
Nierenberg, David	0			Lahey, Timothy	X	Hammond, Rachel (Admin. Support)	X

Guest(s)		Guest(s)	
Compton, Duane (Dean)	Durkin, MaryBeth (GAM)		
Martin, Susan (Registrars' Office)			
Pinto-Powell, Roshini (GAM)			

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

1. Call to Order – Sarah Johansen, MD

Dr. Sarah Johansen, Chair, called the meeting to order at 4:01 pm.

2. Approval of June's meeting minutes

Dr. Edward Usherwood made a motion to approve the July 2014 minutes. The motion was seconded by Dr. Dean Madden. The motion passed by a unanimous vote.

3. Announcements – Sarah Johansen, MD

- Dr. Duane Compton, Interim Dean of Geisel Medical School attended the Medical Education Committee (MEC) meeting. A brief background was announced; he has served on the MEC a number of years ago. President Phil Hanlon has asked Dr. Compton to serve as the Interim Dean for the next three years. Dr. Compton's primary charge is stabilizing the medical school budget. The plan for the next three years involves taking the first two years to create stability, and then the third year will focus its efforts on the search for a permanent Dean for the medical school. Dr. Compton noted that he would also like work with the faculty to create a stronger value proposition to Geisel, Dartmouth Hitchcock Medical Center, and to Dartmouth College to help build strong linkages to these partners. He would like the faculty to help with telling the story of Geisel, what we do well; how we do it; what is the impact on our students, the community, and the partners that we work with. Medical Education is a primary mission, and the MEC plays an important role in overseeing many aspects of the medical education.

There has been some reorganization in the standing committee's within the medical school. Primarily, Dr. Compton is working with the Dean's Academic Board (DAB), the Extended Dean's Group (ED), and the Faculty Council (FC) regarding budget items. It is very important to create transparency in the budget so that it is easy to understand the revenue coming in and how it is deployed onto the core missions appropriately, via education, research, or patient care.

Dr. Compton will appear before the Board of Trustees in three weeks for 90 minutes to talk only about finances. What Dr. Compton has been working on is a two-step plan for the budget.

1. Immediate changes, which is currently being talked about with the DAB. These changes will give some budget savings by mid-September.
2. Working groups have been put together, and will focus on how to align the working groups and mission. The working groups will start in September, and need to report back to Dr. Compton by December.

The floor was opened for questions

Q: Curriculum Redesign process has been changed into a multi-step process, where does this leave the Master's program and the ELCS program in the integration?

A: People are still committed to the redesign, there were some pressures, and the need for the full faculty vote, and how the full redesign impacted the budget, which was taken into consideration. Discussions at the DAB and ED meetings occurred and the thought is that perhaps the curriculum should roll out in a staged fashion; the staging has not been finalized at this time. Dr. Ogrinc has put together a proposal on how to implement the ELCS component within the first two years of the current curriculum. This is currently being looked at regarding the budget impact.

Taking the first step seems to be easiest and most impactful to introduce the ELCS program. Final goal is still on path, getting to the full implementation of the master's program and full implementation of the first two years.

Q: Is having an integrated master's program still seen as a priority in the curriculum?

A: Nothing about staging the implementation has changed the actual goal of getting to the full complement, which is the masters, re-arranging the first two years, and ELCS program. Priorities regarding the new curriculum have not changed.

Q: The committee was extremely close to uncovering substantial disagreements between some of the members of the committee regarding the leadership course and how it was presented, what has always been talked about is that courses would be brought to the MEC for approval. If that isn't going to be rubber stamped, and not taken seriously, then a re-vision of approval or potential substantial re-vision and then approval will be needed. Worried about the disjoint of designing a course with no input from the MEC and then bring it to MEC, which is difficult and not sure optimal.

A: The effort that has gone into scoping out and developing the ELCS component is not lost. Dr. Ogrinc was involved from the beginning and has a good understanding of how to create the ELCS into the current curriculum. Dr. Compton talked with Dr. Johansen about how and what to bring to the MEC, and the guidance was, that the MEC needs to see what looks like a course developed. The course directors cannot come to the MEC with just a course proposal without talking to the basic science and talking with the other courses. Discussions need to happen between year-1 courses. Dr. Freemantle feels that there is not room to add additional hours to the current schedule. Dr. Compton is going to ask Dr. Ogrinc to prepare a detailed proposal that reflects the time commitment that will be required in the particular areas, and also to work with the current 1-and 2-year course directors, and then bring the proposal to the MEC.

Q: Some aspects of 3rd year Clerkship redesign could possibly be implemented in the roll out of year 1 without much budget impact. Is this on the radar?

A: Some departments require a total curricular redesign, and others could happen in the new curriculum. Need to come back to the whole plan, what would be a really good first step. Teams are already formed, and would be the right people to reshape and revise their plans, and bring back to the MEC with an overall game plan.

Dr. Compton wants to keep the Faculty Council in mind, as well as the timing of the faculty vote. Transparency is important as well as being sensitive in the way we communicate about the curriculum and re-design. We do not want to suggest that a faculty vote is being circumvented.

Q: With the announcement of Dr. Simons leaving, who will be tracking things that need to be done for LCME?

A: There will be an interim plan put into place, in a few months we need to respond to the LCME and a plan is being acutely put into place.

Q: Dr. Black brought up that the extensive curriculum redesign work of the departments and their chairs should not go unrecognized and should be valued by the administration and Dr. Compton. Dr. Johansen agrees that the work accomplished has already brought change to the curriculum and should be acknowledged and further developed.

A: Dr. Compton agrees that this is a really good point, but doesn't feel he should be the person to reach out to each of the departments to find out what they have already done and what they think would be appropriate to include in the early phases of curriculum design. Dr. Black, suggests he appointments someone who can go out and collect this information.

Dr. Madden suggests that a motion be made that the MEC approves the approach of staged implementation and asked the CRLT to identify and figure out how to most efficiently capture the work done. Dr. Madden will draft a motion.

4. Old Business – Sarah Johansen, MD

- **Elective Grading Policy Update – John Dick, MD**

Dr. Dick has been meeting with various individuals to gather additional information. He has requested addition time, so he can compile the data and return the MEC with an updated proposal in the future.

5. New Business

- **Geriatrics and Ambulatory Medicine (GAM) – Roshini Pinto-Powell, MD & MaryBeth Durkin, MD**

Dr. Dick briefly reminded the members that the review of GAM was done last month. GAM is a 4 week clerkship taken in the 4th year, and is the only required clerkship in the 4th year. They also participate in a structured 4 week curriculum with didactic sessions.

The course directors are currently working with approximately 16 different sites in New Hampshire and Vermont. Performance evaluation from the preceptors is 60% of the grade; clerkship directors are 40%, which include, Case Presentation – creating rubrics 10%; Journal Club 10%; Exam 10%; Completion of assignments 10%.

There are no concerns with course planning and duty hours. The student feedback was very positive. “Student centered” “Excellent Didactics”

Two Site Comparability issues included two grade distribution concerns with Littleton, NH and Catholic Medical Center. Littleton had fewer honors than the national average, and Catholic Medical Center, all students received honors.

Please see attached documents.

Dr. Adam Weinstein made a motion to approve the GAM Course Review and Action Plan. The motion was seconded by Dr. Sarah Freemantle. The motion passed by a unanimous vote.

- **Special Elective Topics – Glenda Shoop, PhD & Michelle Jaeger**

MEC wants to be intentional about the way independent electives are handled. Students can arrange special rotations such as, clinical rotations, working in research labs, international experiences,. It is important for each to be registered to allow for adequate liability coverage for the student. The Registrars' office currently has a process in place that categorizes the electives in two ways, “Established”, and “Non-established”. “Established”

are courses that are registered on Oasis, have been approved by the MEC, and are available to all Geisel students.. “Non-established” courses are those independent electives in which a student identifies a faculty member to sponsor their elective. The faculty member completes a portion of the application and writes the evaluation for the course. Susan Martin and Dr. Dick have been working to create a process that is completed on-line. The student enters all the information needed for the rotation, and Dr. Dick will log-in and approve or not approve the request. Last year, there were 199 requested “non-established” independent electives. This year, as of August, there have been 83 requests.

Dr. Dick is looking for MEC review of this process and affirmation or restructuring, of the approval process that is currently in place? Is it effective? Are we meeting LCME standards?

The Registrar’s office is concerned about the liability of having the student abroad and not being covered under the medical school.

Questions

1. What does it mean to be a meaningful supervisor of a student doing a rotation abroad and the faculty supervisor not knowing anything about the rotation?
2. What is the liability that we are concerned about?
3. Is the liability concern and actual concern or a perceived concern?
4. What is the Geisel Liability Policy?
5. If a student does a non-credit elective, is there really liability for the medical school?

If a student goes as a volunteer and not part of a program, then it should be the student’s responsibility to purchase travel insurance. If the site believes the student is there representing Geisel and a patient is harmed, then Geisel could be held responsible.

The sentiment expressed by the committee was that the current system was effective as long as the review of the elective proposals could reasonably be handled by the Office of Medical Education (John Dick’s Position reviews) and the registrar’s office, and importantly that liability issues are addressed by the process.

Dr. Dick will draft a policy and an application for further discussion.

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 6:07pm.

8. Future Business

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

9. Action Pending

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

10. Future Meetings

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

- ✓ September 16, 2014
- ✓ October 21, 2014
- ✓ November 18, 2014
- ✓ December 16, 2014

11. 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
- ✓ Policy on Special Topics: Independent elective
- ✓ What aspects of curriculum redesign can be implemented in phase I with minimal budget impact across the 4 years.