# MEDICAL EDUCATION COMMITTEE

## MEETING MINUTES

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

## ATTENDANCE

<table>
<thead>
<tr>
<th>Voting Members</th>
<th>Voting Members</th>
<th>Non-Voting Members</th>
<th>Non-Voting Members</th>
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<tbody>
<tr>
<td>Abdelghany, Mazin (4th Yr. Rep)</td>
<td>Morrow, Cathleen (FC-Family Med)</td>
<td>X Comi, Richard</td>
<td>-- Lyons, Virginia (Year I)</td>
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<tr>
<td>Barnes, Aaron (3rd Yr. Rep)</td>
<td>Morton, Stephanie (2nd Yr. Rep)</td>
<td>X Cousineau, Laura (Library Sciences)</td>
<td>0 McAllister, Stephen (IS)</td>
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<tr>
<td>Black, Candice (Clinical-Pathology)</td>
<td>Nierenberg, David (Clinical-Pharmacology)</td>
<td>X Dick. III, John (Yrs III, IV)</td>
<td>X Noble, Geoffrey (PhD Rep)</td>
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<tr>
<td>D'Agostino, Erin (1st Yr. Rep)</td>
<td>Rees, Christiaan (PhD Rep)</td>
<td>0 Eastman, Terri (On Doctoring)</td>
<td>-- Reid, Brian (IS)</td>
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<tr>
<td>Freemantle, Sarah (Basic Science)</td>
<td>Sharma, Swapna (4th Yr. Rep)</td>
<td>-- Eliassen, Scottie</td>
<td>-- Shoop, Glenda (Academic Affairs)</td>
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<td>Hyde, Robert (Clinical-EM)</td>
<td>Siegel, Timothy (CPEB)</td>
<td>0 Fall, Leslie</td>
<td>X Simons, Richard (SADME)</td>
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<td>Igberasa, Oluwayinka (3rd Yr. Rep)</td>
<td>Smith, Marietta (2nd Yr. Rep)</td>
<td>X Grollman, Diane (Assessment)</td>
<td>X Stewart, Cynthia (Library Sciences)</td>
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<tr>
<td>Johansen, Sarah (Chair)</td>
<td>Usherwood, Edward (Basic Science)</td>
<td>X Hahn, Cynthia</td>
<td>-- Todd, Frances</td>
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<td>Madden, Dean (Basic Science)</td>
<td>Weinstein, Adam (Clinical-Pediatrics)</td>
<td>X Jaeger, Michele (Registrar)</td>
<td>X Academic Support</td>
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<tr>
<td>Manning, Harold (Clinical-Pulmonary)</td>
<td>Basic Science</td>
<td>Kidder, Tony</td>
<td>-- Student Advising</td>
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<tr>
<td>Montana, Philip (1st Yr. Rep)</td>
<td>Basic Science</td>
<td>Lahey, Timothy (Curriculum)</td>
<td>X Hammond, Rachel (Admin. Support)</td>
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### Guest(s)

<table>
<thead>
<tr>
<th>Rand Swenson, MD (LCME)</th>
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<tr>
<td>Greg Ogrinc, MD (HCDS)</td>
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<tr>
<td>Zed Zha (Elective)</td>
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Present = X / Absent = -- / Excused = 0
1. **Call to Order** – *Sarah Johansen, MD*

Dr. Sarah Johansen, Chair, called the meeting to order at 4:06 pm.

2. **Approval of August’s meeting minutes** – *Sarah Johansen, MD*

   Dr. Edward Usherwood made a motion to approve the August 2014 minutes. The motion was seconded by Dr. Sarah Freemantle. The motion passed by a unanimous vote.

3. **Announcements** – *Sarah Johansen, MD*

   • Dr. Johansen announced that Dr. Matthew Duncan, Associate Dean, for Student Affairs will be presenting Medical Student Distress: Causes, Consequences, and Proposed Solutions on Tuesday, September 23, 2014 from 12:00-1:00pm at Geisel Medical School, Vail 614.

4. **Old Business** – *Sarah Johansen, MD*

   • **LCME Update** – *Rand Swenson, MD, PhD*

   LCME requires that the Medical Education Committee consist of faculty in medical education, and requires the members to review and set policies. MEC is also responsible for the LCME Compliance Policy and for the monitoring of its compliance. The Senior Associate Dean of Medical Education is the “executive arm” and the LCME requires evidence that MEC decisions are being implemented.

   **ED-1 Education Program Objectives**

   Currently in compliance, particularly since the MEC has reinforced this with the Course Review policy. Concern remains about topics and themes that do not appear as separate courses. Is the material being taught? And is the content reflected in the course objectives. Example: medical ethics, health determinants, inter-professional student experiences, and culturally appropriate care for diverse populations. This needs to be looked at in a longitudinal fashion, developed, and formally reflected in the course objectives.

   **ED-5A Active Learning and Independent Study**

   Term “Active Learning” is going away next year for LCME, the new term will be “Self-assessment of Learning Needs.” Current concerns are still too much lecture time, too much scheduled time. Many of these have been addressed by MEC, but continued work is needed. Concern whether 25 hrs will be too high a number of contact hours. However, MEC has set policy based on our understanding of our curriculum, LCME and national trends

   Dr Lyons is integrating self directed learning into Yr I anatomy, with students assessing their learning needs, in a case based approach. SBM utilizes Problem Based learning effectively in Year II. We would be wise to continue to identify or develop more of these opportunities in the First year.
ED-33 Curriculum Management

Regular annual review of courses and the entire curriculum needs to continue including our half-day workshops.

ED-19 Inter-professional Education

Dr. Greg Ogrinc has done an excellent job in introducing inter-professional educational opportunities, and students are starting to recognize that this is now being offered. Some students feel they still do not have an adequate understanding of what inter-professional education is and what the roles of other health care providers are. As the experiences are relatively new to the curriculum, the student comments in the Graduation questionnaire may not reflect the current student experience. However, this will probably result in LCME asking for continued work and focus in this area.

ED-24 Resident Preparation for Teaching

Pediatrics is a great example of resident education, and holds a 1 hour workshop once a month. In general clerkships meet the standards, but weak in some areas. There is a program that is part of PGY 1 orientation, is offered once, but does not include every resident. Annual institutional exercises are being done for re-credentialing. These include four short videos. Perhaps in the future they could offer workshops that allow teaching, role play on the wards, and on the fly education on how to evaluate a learner and their performance?

ED-38 Duty Hours

Dr. John Dick has been monitoring and lots of progress has been made. Dr. Dick will continue to report on this as scheduled.

ED-8 Clerkship Comparability

LCME wants to know that all sites are offering the same curriculum, materials, same required experiences, and same grading policy, and what we do if the sites are not comparable. Dr. John Dick, Associate Dean for Clinical Education is actively monitoring this and reporting regularly to the MEC. Report is in Minutes. This has been added as part of the course approval process.

Other Business:

Dr. Sarah Johansen opened the floor for discussion.

Dr. David Nierenberg brought up that he has had a very good experience with the year two curriculum, working with Dr. Greg Ogrinc, to include system based course material and health care delivery science, to understand how the health care system works. In addition, issues related to ethics have been integrated into the SBM courses.

Now that Dean Compton has made the announcement of moving forward in stages with the curriculum redesign, what are the next steps and important items that can move forward that are the most cost effective. It was suggested that we capitalize on the work already done by the theme directors during the curriculum redesign phase, include them in
exploring short and longitudinal options, examine the current curriculum through ilios and faculty knowledge, and address these topics such as Ethics, Inter-professional education, Healthcare Delivery sciences and Social determinants of Health, in the MEC to encourage forward momentum.

Clarification was requested regarding which “institutional objectives” we anticipate using in the near future. We are operating under the current previously established objectives, and not the new proposed 2015 competencies and objectives which were mapped and aligned to the proposed new curriculum. We may need to remap the course objectives and find the gaps in the current course objectives. Per Glenda Shoop, realistically, timing for mapping the redesign objectives to the current curriculum would be a lot of work. It can be done, but it will take a lot of time. This might not be the best way, as the courses are potentially going to change in the next year. December 1st is the deadline for the LCME report, and only leaves 2 meetings before the deadline.

At this time the MEC will operate under the old competencies and objectives.

In working with Dr. Richard Simons, he suggested that the December LCME report would reflect the old competencies, the timeline does not allow to change the path at this time. Dr. Rand Swenson was asked to attend the next meeting which is October 21, 2014 from 4:00-6:00pm.

Please see attached documents.

• Electives Update – John Dick, MD

There are some electives that would like to have pass/fail. Should these electives be able to submit the pass/fail before the Registrars’ office puts them into Oasis. All the electives should have a narrative for the students to review, and is important to the Deans Letter. The default will be what is currently in place which is honors/high pass/pass/fail.

New electives will still be presented to the MEC and the grading definition would be described at that time.

Electives can be presented to Dr. John Dick, and he can work with the course directors who want do not want to go with the default grading scheme. What is the impact on Dr. John Dick, and Michelle Jaeger in the Registrars’ office. There are over 100 course electives and this seems to be manageable at this time.

Does the MEC feel comfortable with Dr. John Dick reviewing these electives? Should a sub-committee be created?

If the MEC is concerned with the time consumption and meeting the LCME approval policy of each elective, perhaps the electives could be voted on in groups/blocks and not individually.

Dr. John Dick and Michelle Jaeger will work on the wording for PAS/P that shows on the transcript and bring back to the MEC for a future motion.
5. New Business

• **Street Medicine Elective** – Cathleen Morrow, MD

Dr. Cathleen Morrow briefly discussed the elective, and it will directly address objectives of cultural competency and social determinates of health, including ethics.

Please see attached document.

Dr. Dean Madden made a motion to approve the Street Medicine Elective. The motion was seconded by Dr. Adam Weinstein. The motion passed by a unanimous vote.

• **Anesthesia Elective** – John Dick, MD

Dr. Sarah Johansen has asked that the assessment criteria be addressed as it is not currently clearly written. Dr. John Dick has already reviewed, and will correct.

Dr. Sarah Johansen asked that Dr. John Dick work on a notification process to faculty, course director, and students once an elective has been approved.

Please see attached document.

Dr. Dean Madden made a motion to approve the Anesthesia Elective. The motion was seconded by Dr. Sarah Freemantle. The motion passed by a unanimous vote.

Dr. Sarah Johansen asked that a small group come together for creating a guide for faculty in writing course/elective objectives. Dr. John Dick, Dr. Adam Weinstein, and Dr. Cathleen Morrow volunteered.

• **Health Care Delivery Science Course** – Greg Ogrinc, MD

This course occurs in year one, and meets for nine months. This is the fourth year of the course being offered. Originally the course started with 15 objectives, and the focus has been on making the objectives more consistent with teaching, and based on student feedback about the course over the years.

In the section about Health Care Delivery Science domains and learning objectives, six domains have been developed through a consortium of Vanderbilt, Geisel, Medical School of Wisconsin, a few others. The goal is to give the students the framework for building the knowledge. This is an introductory course for the students.

New evaluation tools have been put into place, including a moderated blog entry where the students will respond to a blog and then they will respond to a blog by other students who are in a study group, and then faculty will respond.
MEC made a recommendation that the session objectives align properly.

The inter-professional aspect of the course will be parallel learning by having PA and nursing students in the room together for a more meaningful experience.

Student curriculum reps brought up that is would be nice if there could be an attendance sheet for this course. While the majority of first year courses to not have an attendance sheet. If attendance is required for the course, then an attendance sheet should be taken.

Please see attached documents.

Dr. Robert Hyde made a motion to approve the Health Care Delivery Science Course. The motion was seconded by Dr. Cathleen Morrow. The motion passed by a unanimous vote.

6. Student Report/Feedback

The students voiced their concern that the timing of the meeting interferes with PBL and or On-Doctoring on Tuesdays. Perhaps next year we can work with the student government and staff on student schedules.

Dr. Sarah Johansen would like to meet with the student representatives to explain their roll on the MEC, and explain the course review process.

Year 1 students are working on a survey regarding the curriculum to be sent out to their classmates. The goal of the survey to essentially find out what is working or not, or what could be better. It was suggested that the students go back to past MEC minutes found on the Medical Education Website, or email the course directors and asking if they have any particular questions they may want to know from the students.

7. Adjournment – Sarah Johansen, MD

Dr. Sarah Johansen asked the room to share feedback on what is working well or should be changed.

Electives being voted on in groups verses voted on individually would free up time.

Concern of losing some of the basic scientists as voting members.

Timing and efficiency, losing meaningful time by announcing member names and departments at the beginning of the meeting. Perhaps each member could have a placard.

Have a set time for presenting course reviews. Perhaps having an actual timer in the room. If the materials are being reviewed by the members prior to the meeting, then more time should be allowed for discussion and not reviewing the materials that have already been reviewed by the members. It was suggested that action plans be put on a PowerPoint slide or a document. This already occurs.

Saying the actual acronym for new members or those not familiar.

Dr. Sarah Johansen, Chair, adjourned the meeting at 6:00pm.
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-6:00pm

- October 21, 2014
- November 18, 2014
- December 16, 2014
- January 20, 2014


- 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.