# MEDICAL EDUCATION COMMITTEE

## MEETING MINUTES

Meeting Date: Tuesday, November 18, 2014  
Time: 4:00 – 6:00 pm  
Meeting Location: DHMC – Conference Room 5A  
Approval: Tuesday, January 20, 2015  
Recorded By: Rachel A. Hammond

## ATTENDANCE

<table>
<thead>
<tr>
<th>Voting Members</th>
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<th>Non-Voting Members</th>
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<tr>
<td>Abdelghany, Mazin</td>
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<td>Comi, Richard</td>
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<td>(4th Yr. Rep)</td>
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<td>Lyons, Virginia</td>
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<td>(Year I)</td>
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<td>Barnes, Aaron</td>
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<td>Cousineau, Laura</td>
<td>X</td>
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<td>(3rd Yr. Rep)</td>
<td>X</td>
<td>McAllister, Stephen</td>
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<td>Black, Candice</td>
<td>X</td>
<td>Dick. III, John</td>
<td>X</td>
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<td>(Clinical-Pathology)</td>
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<td>(Yrs III, IV)</td>
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<td>Noble, Geoffrey</td>
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<td>D'Agostino, Erin</td>
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<td>Eastman, Terri</td>
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<td>(1st Yr. Rep)</td>
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<td>(On Doctoring)</td>
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<td>Freemantle, Sarah</td>
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<td>Reid, Brian</td>
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<td>(Basic Science)</td>
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<td>Hyde, Robert</td>
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<td>Eliassen, Scottie</td>
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<td>Igherasa, Oluwayinka</td>
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<td>Fall, Leslie</td>
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<td>(3rd Yr. Rep)</td>
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<td>Shoop, Glenda</td>
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<td>Johansen, Sarah</td>
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<td>Grollman, Diane</td>
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<td>(Chair)</td>
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<td>Madden, Dean</td>
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<td>Library Sciences</td>
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<td>(Basic Science)</td>
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<td>Manning, Harold</td>
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<td>Todd, Frances</td>
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<td>(Clinical-Pulmonary)</td>
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<td>Montana, Philip</td>
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<tr>
<td>Julia Frew</td>
<td>Steve Bensen</td>
<td>Rand Swenson</td>
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<td>(SBM - GI)</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 4:04 pm.

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

   Dr. Sarah Freemantle made a motion to approve the October 2014 minutes. The motion was seconded by Dr. Harold Manning. The motion passed by a unanimous vote.

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

   - Dr. Johansen announced pending Geisel Academy of Master Educator sessions:
     - November, Dr. Nan Cochran on Shared Decision Making
     - December, Dr. Richard Rothstein on Mentoring

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

5. **New Business**

   - **SBM – GI Review** – *Julia Frew, MD and Steve Bensen, MD*

     Looking at the overall review, the energy and excitement of the faculty in large-group and small-group sessions were high. There is no GI material in Year 1; therefore, this course carries the content load very well in Year 2. The number of GI faculty members participating in the course is high. Fundamentals of the course are very strong and are reflected by the student comments and scores, as well as the NBME Step-1 scores. Students have been incredibly strong in this area.

     The course is favorably rated by the students and the committee. The overall consensus from the review committee is that this is a very strong course and in great shape. The course reflects the learning objectives and course content well. Some recommendations were to consolidate some objectives thematically. Overall, the learning opportunity is extremely balanced. The primary student concern of the course is that the overall volume of the material feels overwhelming. The course directors agreed that there is a lot of material, but the group is not sure how to fix this with the allotted time given in the course. The workload has been a longstanding issue for 16 years. Dr. Bensen is working on streamlining the content, revising some written handouts, and guiding students with direct session objectives to guide students to focus on what is most important.

     There was some discussion within the review committee on how to provide more guidance to the students on what is most important and what the primary focus should be.

     The goal of Dr. Bensen is to rethink the content and general design of the course, making decisions to improve the course until the curriculum redesign plan is implemented. An objective will be added that addresses the “Gender, ethnic, and behavioral considerations affecting disease treatment and preventions, including psychosocial, cultural, occupational, and environmental.”

     Concerning student evaluation, and giving narrative feedback in the small-group sessions by the leaders, the group discussed the challenge to get the same session leader for 7
sessions for 8 small groups. The question to the MEC is if there are 2 or 3 small-group leaders across 7 sessions, and they collectively give feedback, is that enough time to give accurate and helpful narrative feedback? This is done in Anatomy and works very well. The group leaders have more students and more time, but talking amongst themselves works well for doing a narrative evaluation. Student photos are also very helpful for reference. Dr. Bensen is going to try narrative evaluation this year. Diane Grollman and Dr. Nierenberg will work together on the template to use by two faculty members.

The plan for the next two years is appropriate, and the action plan will come back in the next review to confirm that the current recommendations have been addressed and the action plan completed.

**Dr. Harold Manning made a motion to approve the SBM – GI Review and Action Plan. The motion was seconded by Dr. Sarah Freemantle. The motion passed by a unanimous vote.**

- **Site Comparability Report – John Dick, MD**

  The site comparability reports will be sent out to the MEC group after the meeting. The MEC should review and highlight any major concerns/data and bring back to discuss and address any concerns as a group.

- **Senior Associate Dean of Medical Education Update – Greg Ogrinc, MD**

  Dr. Ogrinc talked about curriculum redesign in terms of what is happening with the curriculum redesign plan, what parts of the plan can currently go forward, and defining the role of the MEC. In August 2014, the Dean’s Advisory Board (DAB) meet weekly regarding the budget component of the redesign. Tim Lahey, MD, Greg Ogrinc, MD, and Rich Simons, MD were at the meeting. At this meeting it was clear that there was a tremendous amount of support for the Curriculum Redesign from the department Chairs, that they all agreed that the redesign was a good plan, but that the time framework would need to be modified.

  Discussion continued among the DAB, and Dean Compton went to Dr. Ogrinc asking for a revision of the ELCS program that could be moved forward. Health Care Delivery Science (HCDS) was created, and will go forward in 2015. This will be a Year 2 course, and build on current courses offered in Year 1, such as biostatistics, epidemiology, and fundamentals of health care deliver science. This will create the building blocks within the curriculum that could be expanded in the future curriculum, such as an integrated master’s degree.

  To implement the HCDS course, 90 hours will be needed over 2-years. Year 1 and 2 would need to give up approximately 8% of their time. Essentially this would be approximately 1 hour every two weeks. In AY 15, the course will be offered in Year 1; in Year 16, the course will continue in Year 2.

  The HCDS group will bring a draft proposal to the MEC in January 2015, and a formal course proposal in February 2015.
• **Policy for lecture capture**
  
  o The lectures will be automatically capture unless the lecturer specifically requested that it not be recorded.
  o Lectures will not be automatically captured if it violates HIPPA rules (i.e., patient attending or speaking).
  o Lecturers are copyrighted material; course directors and lecturers will inform the students that the lecture capture should not be exported outside of Geisel.
  o Students will be informed in advance if a lecture will not be electronically captured.
  o Students (especially in Year 2) must be informed whether sessions are team-based learning and, therefore, require attendance.

Dr. Lyons raised the issue that the current lecture-capture policy. A winter term course director wants to know if lecturers in the course are required to record their lectures. This faculty member feels that recorded lectures has really declined the attendance and learning of the students. Dr. Lyons feels that if this course is not recorded, the students are going to be upset. Should this be addressed now, or wait until the students bring this to Dr. Ogrinc and Dr. Lyons attention. Approximately 5-6 lectures will not be recorded, because 2-3 lecturers prefer not to be recorded.

**Key points**

  o Students learn in different ways, when they attend class; they may want to review the lecture for reference.
  o Is there proof that the student learning has declined based on not attending class and reviewing the lecture?
  o If students do not attend class, they are not able to participate in questioning.
  o If the session is more engaging and interactive, the students will attend class more often.
  o Is there a way to track how many students watch the recording?
  o Quality of the teaching session is not based on if it is recorded or not.

A decision regarding changing the policy could not be made, and therefore a motion could not be made at this meeting. Dr. Ogrinc and Dr. Lyons will work with the course faculty on possibly changing their position, and come back to the MEC for further discussion.

• **MEC Strategic Planning – Sarah Johansen, MD**

  *Vertical Integration working groups (VIG)* – MEC has appointed VIGs, such as the “Social Justice VIG” and “Healthcare Delivery Science VIG”, in the past to evaluate these particular important topics. For new MEC members unfamiliar with the VIGs, they are charged with:

  • reviewing curriculum over the four years
  • evaluating what exists (both by direct contact with course directors and by using the curriculum database), looking for gaps and unplanned redundancies.
  • evaluating our curriculum in relation to student and faculty feedback, external metrics (where applicable) and available national standards.
  • developing action items to bring back to the MEC with plans for discussion and potential implementation
At the last curriculum retreat, held in February 2014, the faculty raised the issue of “Culturally Appropriate Care” as a potential need in the curriculum. A review of the 2014 AAMC Graduation Questionnaire indicates that over the past several years, the Geisel students rated cultural appropriate care well below the national average. Significantly more Geisel students feel the need for more attention on this topic when compared to the average medical school. Additionally, a search in the Ilios curriculum database revealed relatively few sessions focused on this topic, particularly in the first two years. Many of the other sessions dealing with cultural competency are experiential (e.g., clerkship experiences).

There are other areas that have been raised as potential concern for longitudinal integration. These include Ethics and Professionalism, Resilience, Radiology, Genetics, Health Care Discrepancies, and Social Determinants of Health. Dr. Johansen proposed that the committee decide what topics should constitute the focus of VIGs over the remainder of this academic year. The VIGs would be charged with reporting back by the end of the year. At least one MEC member will serve as the VIG’s leader or co-leader; at least one other faculty member and student will be members (VIGs are not limited in size).

After the discussion of need, Dr. Lahey also suggested the MEC create a VIG for “Ethics and Professionalism”, which could continue to evaluate the integration of ethics, humanities, social justice, practice resilience.

What type of professionals do we want our graduates to be? What would be a reasonable timeline for these groups? The VIG would evaluate how and where we are currently teaching the topic; where we would like to be; what other schools are doing; and bring a plan to the MEC for a vote. The timeline for the VIG to complete its evaluation is approximately 4-5 months. Typically the implementation phase would take place the following year, if so decided by the MEC.

Dr. Johansen reminded the committee that there are currently active working groups on “Healthcare Delivery Science” and another on “Interprofessional Education.” These two groups are ongoing and have developed sessions in common. She also reminded the committee that the Healthcare Delivery Science working group is scheduled to bring a new course up for review in January of 2015.

There are two clear areas of priority that the MEC would like to move forward as Vertical Integrated Groups. Each VIG will include 1 -2 MEC members, and we would like to recruit membership from the curriculum redesign members and faculty into the group to dialog about additional initiatives.

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**Dr. Harold Manning made a motion to approve Vertical Integration Groups in “Culturally Appropriate Care” and in “Ethics and Professionalism”. The motion was seconded by Dr. Dave Nierenberg. The motion passed by a unanimous vote.**

Dr. Johansen asked for MEC member volunteers to lead (or co-lead) the groups, and for recommendations of additional members:

*Ethics & Professionalism* – Tim Lahey, MD, Dave Nierenberg, MD, and Bill Nelson, MD.
Cultural Appropriate Care – Sarah Freemantle, PhD, Roshini Pinto-Powell, MD, John Dick, MD, and Sarah Johansen, MD.

6. Student Report/Feedback

No student concerns at this time.

7. Adjournment – Sarah Johansen, MD

Dr. Sarah Johansen, Chair, adjourned the meeting at 6:05pm.

8. Future Business

   • Presentation: Health Care and Delivery Science vertical integration curriculum

9. Action Pending

   • Biostat Epidemiology course will be reviewed by Dr. Lyons a month prior to its start date to ensure action plan recommendations have been implemented.
   • It was suggested to ask Dr. David Nierenberg if his power point slides could be shared with Dr. Greg Ogrinc and Dr. Brenda Sirovich prior to the Health Care Delivery Science curriculum presentation to review for overlap or potential incorporation of some topics.

10. Future Meetings

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

    • December 2014, Vertical Integration Groups meet
    • January 20, 2015
    • February 17, 2015
    • March 17, 2015