## MEDICAL EDUCATION COMMITTEE
### MEETING MINUTES

**Meeting Date:** Tuesday, November 21, 2017  
**Time:** 4:00 – 6:00 p.m.  
**Meeting Location:** DHMC – Auditorium A  
**Approval:** Tuesday, December 19, 2017  
**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>
</tr>
</thead>
<tbody>
<tr>
<td>Ames, James (Clinical-Orthopedics)</td>
<td>0</td>
<td>Murray, Carolyn (Clinical-Medicine)</td>
<td>--</td>
</tr>
<tr>
<td>Chidawanika, Tamutenda (Student-MD/PhD Rep)</td>
<td>--</td>
<td>Nelson, Bill (Pre-Clinical and Clinical- Health and Values VIG)</td>
<td>X</td>
</tr>
<tr>
<td>Crockett, Sarah (Clinical-Emergency Medicine)</td>
<td>X</td>
<td>Nierenberg, David (Pre-Clinical Year II Assoc. Director; Clinical-Pharmacology)</td>
<td>X</td>
</tr>
<tr>
<td>Hanissian, Paul (Pre-Clinical: SBM Reproduction; Clinical-Obstetrics and Gynecology)</td>
<td>X</td>
<td>Ramos, Joshua (Student-3rd Yr. Rep)</td>
<td>0</td>
</tr>
<tr>
<td>Huntington, Jonathan (Clinical-Medicine)</td>
<td>--</td>
<td>Rees, Christiaan (Student-MD/PhD Rep)</td>
<td>0</td>
</tr>
<tr>
<td>Igberase, Oluyinka (Student-4th Yr. Rep)</td>
<td>--</td>
<td>Rees, Judy (Pre-Clinical-Epidemiology)</td>
<td>X</td>
</tr>
<tr>
<td>Jaynes, Scott (Faculty Council)</td>
<td>--</td>
<td>Robey, R. Brooks (Pre-Clinical)</td>
<td>X</td>
</tr>
<tr>
<td>Kettering, Alexander (Student-2nd Yr. Rep)</td>
<td>0</td>
<td>Sachs, Marlene (Community Preceptor Education Board)</td>
<td>--</td>
</tr>
<tr>
<td>Lindqwister, Alexander (Student-1st Yr. Rep)</td>
<td>--</td>
<td>Saunders, James (Clinical-Surgery)</td>
<td>0</td>
</tr>
<tr>
<td>Manning, Harold (Pre-Clinical-Year II Co-Director, Pulmonary; Clinical-Pulmonary Medicine)</td>
<td>X</td>
<td>Spaller, Mark (Pre-Clinical)</td>
<td>0</td>
</tr>
<tr>
<td>Merali, Natasha (Student-3rd Yr. Rep)</td>
<td>0</td>
<td>Stanko, Kevin (Student-1st Yr. Rep)</td>
<td>X</td>
</tr>
<tr>
<td>Montana, Phillip (Student-4th Yr. Rep)</td>
<td>--</td>
<td>Warren, Celestine (Student-2nd Yr. Rep)</td>
<td>0</td>
</tr>
<tr>
<td>Mullins, David (Pre-Clinical)</td>
<td>--</td>
<td>Weinstein, Adam (Chair; Pre-Clinical-Renal Physiology; Clinical – On Doc and Pediatrics)</td>
<td>X</td>
</tr>
<tr>
<td>Myers, Larry (Pre-Clinical)</td>
<td>X</td>
<td>McAllister, Stephen (Computing)</td>
<td>--</td>
</tr>
</tbody>
</table>

**Guest(s)**

<table>
<thead>
<tr>
<th>Guest(s)</th>
<th>Guest(s)</th>
<th>Guest(s)</th>
<th>Guest(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin, Susan</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Present = X / Absent = -- / Excused = 0**
1. **Call to Order** – Adam Weinstein, MD

Dr. Adam Weinstein, Chair, called the meeting to order at 4:00 p.m.

2. **Approval of October’s meeting minutes** – Adam Weinstein, MD

   Dr. Paul Hanissian made a motion to approve the October 2017 minutes. The motion was seconded by Dr. William Nelson. The motion passed by a unanimous vote.

3. **Announcements** – Adam Weinstein, MD

   None.

4. **Old Business**

   None.

5. **New Business**

   • **Consent Agenda**
     o **Year II: GI Course Review**

     See attachment(s).

     Dr. Larry Myers made a motion to approve the Year II: GI Course Review. The motion was seconded by Dr. Judy Rees. The motion passed by a unanimous vote.

   • **Year II: Endocrinology Course Review** – Hal Manning, MD

     This course occurs in the third term in the 2-year. The directors are Dr. William Kinlaw and Dr. Susan Yuditskaya. The course current has 58 curricular hours, and was last reviewed in April 2015.

     The course underwent a thorough review with a detailed action plan.

     See attachment(s).

     Dr. David Nierenberg made a motion to approve the Year II: Endocrinology Course Review. The motion was seconded by Dr. Judy Rees. The motion passed by a unanimous vote.

   • **Excused Absence Policy Discussion** – Adam Weinstein, MD

     The goal for this discussion is to clarify the following.

     1. Clarification of multiple versions of the year 1 and 2 policy
        a. Official policy that comes from the Undergraduate Medical Education Affairs Office
        b. Longer version posted on Canvas with examples of what constitutes of an excused absence

     2. The wording of the policy with the terms, excused and unexcused absences, causes challenges

     3. Review the 3 and 4 policy
        a. Discuss whether it should be similar to the Year 1 and 2 policy or whether it should be different
        b. There is a table that does not fully match the policy and is sometimes being interpreted more strictly than intended
Regarding the first point the official policy version in the Undergraduate Medical Education Affairs Office will be updated as per the most currently used and approved version of the policy, currently in effect on Canvas in the Year 1 and 2 courses. This updated version will be shared with MEC in January.

Regarding the second point, the following concern from students was considered:

There seems to be an arbitrary distinction between an excused and unexcused absence and we have heard multiple comments from students requesting changes to the attendance policy. Working adults experience having a set number of days off and the ability to take off a certain number of days off when needed. When a working individual takes a day off there are no “excused” or “unexcused” absences because typically the reasons for one’s absence is not considered so long as their number of personal or vacation days have not been used up.

Dr. Lyons brought up that if the students find an event that they feel should be considered and is not on the list, they should come to her to discuss the particular situation. If it’s not on the list yet worthwhile, the student can still attend, even if they get an “unexcused” absence.

Another committee member brings up the point that if he is teaching, seeing a patient, or leading an important meeting his schedule does not allow him to take the day off. Taking a day off that would leave someone in a bind is not the experience he has had as a medical student, resident, fellow, or a physician. Continuity is important, rules are imperfect, but they are there for a reason. There is so much content put into a short amount time, and missing one or two days could be catastrophic.

On the other hand, becoming ill or an unexpected situation is not avoidable.

The crux of the issue is that there are many examples that don’t meet the criteria for “excused” absence, yet are fully acceptable and well justified reasons to be away from class or a clerkship. In these cases the student will need to arrange with the course director or clerkship director to make up the missed material and/or time. Calling these instances “unexcused” creates a message that these might be unacceptable absences or reasons that invoke professionalism concern. Reconsidering the terminology may be a solution to remove this perception.

Regarding the third point, a number of discussion points were raised including that clinical responsibility is different than classroom responsibility and therefore it is justified to have different policies for Y1/Y2 and Y3/Y4. There is a need to update the Y3/Y4 policy, including ensuring the statements of the policy are included with the table (so the table is not seen as a definitive and fully inclusive set of examples), update the examples within the table, and consider as per the Y1/Y2 policy to have a central tracking system and consistency across the 3rd and 4th year, to keep track of total absences for a given student (for example, if a student taking 2 or more days off in every clerkship? This would be very atypical and is not the purpose of the policy, to give the students “extra” days off to use when needed, during the clerkship).

The current policies will be updated as per the above discussion and re-discussed at the MEC in January 2018.

See attachment(s).

- **Curricular Evolution Subcommittee Update** – Sarah Crockett, MD

In todays, presentation there are three basic curricular models. They all have a uniform theme in that they are systems based. The biggest difference between then is how many systems to teach simultaneously.

The intent right now is for the MCE to consider the concept of 1, 2 or 3 courses running at a time, not the individual courses and how they are paired at this time.
Questions to be answered

- How many courses/blocks at a time
- Longitudinal vs. Integrated Courses
- Content and duration of the Foundations of Medical Practice course
  - Currently a 6 week/110 hour course in proposed models
- Timing of Step 1 USMLE Board Exam
- Timing of courses to best facilitate early patient interactions within the preclinical curriculum

Questions and Clarification and Suggestions

Q: Three months less class time, is this a reduction in exams, course time, study time. What is the thought process behind getting to this number?

A: Dr. Rand Swenson has a very detailed spreadsheet with this information. There are courses like biochemistry that you do not see in these block questions. Some is efficiency of the model, some is requiring less review time year to year, and some is paring down of certain content identified by the current course directors.

Considerations:

- Spaced sequential learning is an effective way to reinforce content (e.g. unpairing of Cardiovascular, Renal, and Endocrine so Hypertension can be revisited in each context longitudinally)
- More courses over a longer period of time will make it easier for students who miss time for illness or unexpected reasons to catch back up.
- Sequencing and how well are the courses blended/integrated will be a factor in success of the model
- Intense collaboration from all subject matter experts will be helpful

The topic of the longitudinal material came up, but there was not as much discussion about that, other than noting that if we integrate rather than have "longitudinal courses," we'd need to be sure there is enough of a Foundational period for introduction of the basics for all subjects.

Regarding the 1 versus 2 versus 3 courses at a time. There was some discussion but attendance was smaller so there was not a full sense of consensus.

Lastly, we all shared the idea of surveying current course directors for their input. This could help us with insights about sequencing, and which courses lend themselves well to longitudinal designs.

Next steps

The subcommittee will meet next week and will share the perspectives from today’s meetings. They will come back to the MEC to discuss the pros and cons of model 1-2-3.

6. Adjournment – Adam Weinstein, MD

Dr. Adam Weinstein, Chair, adjourned the meeting at 6:05 p.m.

7. Action Items

- ongoing Addiction Curricular Review
- ongoing Leadership Curricular Review
- Update the Y1/Y2 absence policy and the Y3/Y4 absence policy
- Ongoing updates from Curriculum Evolution Subcommittee
8. Ongoing Business

- 4th Year Curriculum
- Addiction Medicine Curricular Review
- Leadership Curricular Review
- Duty Hours
- Course Evaluations Process
- Curricular Subcommittee
- LCME Oversight Committee
- Excused Absence Policies (Y1/Y2 and Y3/Y4)

9. Future Meetings

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

- December 19, 2017
- January 16, 2018
- February 20, 2018
- March 20, 2018