Meeting Date: Tuesday, January 16, 2018
Time: 4:00 – 6:00 p.m.
Meeting Location: DHMC – Auditorium B
Approval: Tuesday, February 20, 2018
Recorded By: Rachel A. Hammond

ATTENDANCE

Voting Members		Voting Members		Non-Voting Members		Non-Voting Members	
Ames, James (Clinical-Orthopedics)	--	**Murray, Carolyn** (Clinical-Medicine)	X	**Albright, Amanda** (Computing)	0	**Montalbano, Leah** (Assessment & Evaluation)	X
Chidawanika, Tamutenda (Student-MD/PhD Rep)	--	**Nelson, Bill** (Pre-Clinical and Clinical- Health and Values VIG)	X	**Bowman- Schmidt, Max** (Student)	--	**Ogrinc, Greg** (Senior Associate Dean for Medical Education)	X
Crockett, Sarah (Clinical-Emergency Medicine)	0	**Nierenberg, David** (Pre-Clinical Year II Assoc. Director; Clinical-Pharmacology)	X	**Dick. III, John** (Associate Dean, Yrs. III, IV)	X	**Pinto-Powell, Roshini** (Assoc. Dean Student Affairs)	--
Hanissian, Paul (Pre-Clinical- SBM Reproduction; Clinical-Obstetrics and Gynecology)	X	**Ramos, Joshua** (Student-3rd Yr. Rep)	0	**D'Agostino, Erin** (Student- Curriculum Review Task Force Rep)	--	**Quigley, Jane** (Libraries Sciences)	--
Huntington, Jonathan (Clinical-Medicine)	--	**Rees, Christiaan** (Student-MD/PhD Rep)	0	**Duncan, Matthew** (Assoc. Dean, Student Affairs)	--	**Reid, Brian** (Computing)	X
Igberase, Oluyinka (Student-4th Yr. Rep)	--	**Rees, Judy** (Pre-Clinical-Epidemiology)	0	**Eastman, Terri** (Pre-Clinical Curriculum Director)	X	**Ricker, Alison** (Clinical Curriculum Director)	X
Jaynes, Scott (Faculty Council)	X	**Robey, R, Brooks** (Pre-Clinical)	X	**Eidtson, William** (Director, Learning Services)	--	**Ross, Jonathan** (Chair, Geisel Academy of Master Educators)	--
Kettering, Alexander (Student-2nd Yr. Rep)	X	**Sachs, Marlene** (Community Preceptor Education Board)	X	**Fountain, Jennifer** (Year II Curric. Mng)	X	**Sharma, Swapna** (Resident, DHMC)	--
Lindqwister, Alexander (Student-1st Yr. Rep)	X	**Saunders, James** (Clinical-Surgery)	X	**Hammond, Rachel** (MEC Admin. Support)	X	**Shoop, Glenda** (Learning Srv./Curric. Design & Evaluation)	X
Manning, Harold (Pre-Clinical-Year II Co-Director, Pulmonary; Clinical-Pulmonary Medicine)	0	**Spaller, Mark** (Pre-Clinical)	X	**Jaeger, Michele** (Registrar)	X	**Swenson, Rand** (LCME, Chair Dept Med Ed)	X
Merali, Natasha (Student-3rd Yr. Rep)	0	**Stanko, Kevin** (Student-1st Yr. Rep)	X	**Kidder, Tony** (Year I Curric. Mng.)	--	**Verma, Kanak** (Student- Curriculum Review Task Force Rep)	--
Montana, Phillip (Student-4th Yr. Rep)	--	**Warren, Celestine** (Student-2nd Yr. Rep)	X	**Lahey, Timothy** (Pre-Clinical-Year II Co-Director)	--	(Faculty Development)	
Mullins, David (Pre-Clinical)	X	**Weinstein, Adam** (Chair; Pre-Clinical-Renal Physiology; Clinical – On Doc and Pediatrics)	X	**Lyons, Virginia** (Assistant Dean, Year I)	X	(TDI)	
Myers, Larry (Pre-Clinical)	--			**McAllister, Stephen** (Computing)	--		

Guest(s)	Guest(s)	Guest(s)	Guest(s)
Pipas, Cathy			

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 Decembers 's meeting minutes – *Adam Weinstein, MD*

   The minutes will be sent out next month for approval.

3. Announcements – *Adam Weinstein, MD*

   None.

4. Old Business

   None.

5. New Business

- Consent Agenda
  - Year II: CT/MS Course Objectives

Dr. Bill Nelson made a motion to approve the Year II: CT/MS Course Objectives. The motion was seconded by Dr. David Mullins. The motion passed with 1 abstention.

- Leadership Curriculum Review – *Cathy Pipas, MD*

  Objectives
  1. Discuss the National Call for Leadership in Medicine
  2. Review Geisel Leadership Development Initiatives
  3. Describe the Leadership Curriculum Review Task Force Recommendations

  The committee looked at the mapping of the current curriculum for personal, professional and leadership development.

  Task Force Recommendations
  To all competencies at Geisel. While they effectively deliver and assess our leadership competency for all Geisel graduates, the Task Force recommends the following six items. The scope of the first two recommendations is broader than leadership, and applies to the process of assessing data and completing the work, the task force and medical school leadership noted this was the first comprehensive review from the context of a competency, as opposed to a course or a session. Thus, the first two recommendations are from a systems process perspective.

  1. Enhance the Competency Review Process
  2. Update 2015 Geisel Competencies
  3. Confirm a Leadership Champion and Resources
  4. Adopt the PPLD curriculum across 4 years for all students
  5. Implement a Longitudinal Mentoring Program
  6. Adapt a Personal and Professional Leadership Development Portfolio

  Comments
  It was helpful sitting down and looking back at courses to see what leadership content they currently have or don't have verses overlap.

Simple and consistent terminology so mapping can be done accurately. The student terminology on evaluations are not consistent with the competency terminology which made it very difficult to interpret the information.

Competency framework needs to keep up with the curriculum. With the new curriculum evaluation, the competencies will need to be reviewed.

The mentor should be a four-year process. There is not a way to evaluate this in blocks.

Should a review committee be created or a standing committee that will look at competencies?

It is important to keep in mind, if this committee would like to add content to the curriculum, it is equally important to let the Department of Medical Education what they would like removed.

For next month, the MEC would like to review the document. If there are questions or discussion items email Dr. Weinstein or Rachel. If there are no questions or concerns it will be added to the consent agenda.

See attachment(s).

- Attendance Policy Update – *Adam Weinstein, MD and Virginia Lyons, PhD*

The pre-clinical and clinical attendance policies have been discussed by their stakeholders and all agree, including MEC that they should be separate policies. Dr. Glenda Shoop and Dr. Virginia Lyons have worked to update the document for the pre-clinical attendance policy based on MEC and dept of medical education feedback.

See attachment(s).

Dr. Carolyn Murray made a motion to approve the Pre-Clinical Attendance Policy. The motion was seconded by Dr. Paul Hanissian. The motion passed by a unanimous vote.

- Peer Evaluation – *Adam Weinstein, MD*

    - Academic physicians give and receive peer feedback on how they care for patients, improving their quality of care, professionalism, communication skills, and patient safety. This includes formative feedback and also summative evaluation.

    - At the December MEC meeting, it was brought up to consider where in our curriculum our students learn and get practice and experience with giving formative feedback and summative evaluation of their peers.

In On Doctoring, every week, formative feedback is practiced. There are session objectives for this skill in nearly all On Doctoring sessions, and it is also in the following course objective:

- Demonstrate the ability to give and receive constructive feedback with peers and colleagues
- Assist in creating a safe and respectful learning environment for other learners

There is likely peer feedback being taught and practiced in other courses and clerkships as well, but given how prevalent it is throughout On Doctoring, the intention is to teach and have

students practice this skill, as a clinical skill, alongside all the other clinical skills within On Doctoring.

Regarding peer to peer summative feedback, Dr. Weinstein sent a query to the Curriculum Deans and Geisel Evaluation team regarding where Peer Summative evaluation may be or could be taking place:

1. Year 1 Anatomy – Peer Evaluation Exercise
2. Year 1 Immunology—David Mullins has students evaluate oral presentations (like giving a Grand Rounds on a formal topic) using a summative evaluation process with a rating scale and narrative feedback
3. On Doctoring Physical Exam Skills Test in Year 1 and 2—currently we do this in a more Formative manner. We can make it more summative if felt helpful
4. P&P Year 2—Brenda and Lisa have plans to incorporate something in the coming year (she mentioned it at last MEC meeting)
5. Family Medicine Clerkship—Small Group Reflection--- Peer Assessment. Not sure of the details of this assignment.
6. Pediatric Clerkship—Peer Teamwork Evaluation – this is a formal summative evaluation based on a very concise rubric. Not an exhaustive evaluation but really shows whether their peers are functioning helpfully in a team-minded and collaborative way
7. Geriatrics and Ambulatory Med Clerkship—Summative Peer evaluation of student presentations
8. Year 2 SBM ID has done peer evaluation in past; unclear if ongoing this year

Discussion at Student Government - There was concern that feedback might be unprofessional and a form for bullying other students providing unprofessional feedback to other students. This came up after the latest cardio physiology course. Concerns outweighed by class dynamics. Students use this as an outlet to let their peers how they feel about the other student. This has been an ongoing issue over the last few years.

The realization is that formative and summative evaluations are giving students the lessons and practice to give peer to peer feedback and evaluation on a curricular level. So the MEC felt no changes or additions need to be made curricular.

The work being focused on now will be with Student Government and Student Affairs.

- Evaluation Oversight Committee – *Leah Montalbano*

  All the year 1 term 1 student evaluation projects have been reviewed. The project was very successful, the student feedback revealed that this was valuable, they enjoyed sitting down and feeling heard. The next step is year 1 term 2.

  The group is also starting to look at the clinical years and improving the Y3 and Y4 evaluations.

- Curricular Evolution Subcommittee Update – *David Mullins, PhD*

  The group has been meeting for about six months. Based on feedback from a survey of stakeholders (students, med ed administration, course directors) it was felt that a model with 2 courses at a time would be the ideal framework.

The question to the MEC is do they feel comfortable enough with moving forward with this model? The next steps would be to ask course directors to detail the efficiency and detail the integrations and to start to map these courses on how it would fit into the curriculum. This is important to help understand what will get brought into the foundations course and what courses get paired together and what longitudinal courses will exist.

Suggestions

1. Take a good look at the overlap year and try to avoid teaching the new course at the same times as the old course (this overlap would make it challenging for clinicians to be involved).
2. Need to make a plan for the overlaps of year 3 and year 4 students with 2 classes of clerkships going on concurrently.

The timeline for next steps would be to have a clear model in place for a faculty vote by the end of May. A straw vote was taken about whether to move forward with the 2 course at a time framework and fill in the details for review by the MEC at next meeting. The straw vote was passed by unanimous vote.

6. Adjournment – *Adam Weinstein, MD*

Dr. Adam Weinstein, Chair, adjourned the meeting at 6:00 p.m.

7. Action Items

- Review Leadership Curricular recommendations and provide input to Adam and Rachel
- Prepare update for Curriculum Evolution Subcommittee to present at Feb meeting

8. Ongoing Business

- 4th Year Curriculum
- Addiction Medicine Curricular Review
- Leadership Curricular Review
- Duty Hours
- Course Evaluations Process
- Curricular Subcommittee
- LCME Oversight Committee

9. Future Meetings

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

- February 20, 2018
- March 20, 2018
- April 17, 2018
- May 15, 2018