



**DARTMOUTH MEDICAL SCHOOL**

**SENIOR ASSOCIATE DEAN FOR MEDICAL EDUCATION**

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**Wednesday, September 28, 2005**

**To:** Members of Medical Education Committee  
**From:** David W. Nierenberg  
**Subject:** Minutes - Meeting held Tues., September 27, 2005 - 4:00 to 5:45 pm, 758 E/W Borwell

**Members Present:** Brett Chevalier (Year 4), Barbara Conradt, Andy Daubenspeck, Leslie Fall, Horace Henriques, John Hwa, Don Kollisch, Petra Lewis, Steve McAllister, Gene Nattie, Dave Nierenberg, Laura Reis (Year 2), and Eric Shirley = 13

**Members Absent:** Jamie Bessich (Year 3), Rich Comi, Bill Garrity, Ben Northrup (Year 2), Will Nugent (Year 4), Roshini Pinto-Powell, Mike Price, Brian Reid, and Joao Tiexeira (Year 3), = 9

**Guests:** Joan Monahan, Alison Rudkin, and Kalindi Trietley = 3

**Scheduled Meetings:**

Sept. 27	Oct. 18	Nov. 15	Dec. 13	Jan. 17	Feb. 21	Mar. 21	Apr. 18	May 16	June 13
758 W Borwell	758 W Borwell	758 W Borwell	758 W Borwell	758 W Borwell	758 W Borwell	758 W Borwell	758 W Borwell	758 W Borwell	758 W Borwell

**I. Review of Membership**

The members and guests introduced themselves and Dave spoke briefly about the members who were not present (Attachment A).

## II. Recruitment of New Member

Dave reported that there was a vacancy on the Medical Education Committee and requested recommendations from the membership. Two nominations from the membership were Mike Price from Anatomy and Brent Harris from Pathology. Dave will investigate the possibility of recruiting one of these prospective members.

## III. Changes in MEC Meetings

Dave reported that, due to new charges to the committee, there will be a new format for MEC meetings. Each meeting will include the following discussions:

1. Course/Clerkship Reviews – the preliminary report from the LCME suggested that DMS needs to review every required course on a set cycle.
  - a. The MEC will review two or three courses or clerkships at each monthly meeting.
  - b. The reviews will be accomplished by volunteer MEC members who will then report their findings to the committee.
  - c. This academic years' reviews will cover Year 2; next year will cover Year 1; and the following year will cover Years 3 and 4.
  - d. Members John Hwa and Laura Reis volunteered to review SBM/CV and SBM/Resp. respectively for the October meeting.
2. Metrics of Quality – in each meeting a specific metric, such as the Graduate Survey and both steps of the Boards will be reviewed.
3. Special Topics – in most meetings, special topics like the modification of Year 2 will be discussed.

## IV. Modification of Year 2

A. The current structure of Year 2 has some minor problems, including:

1. It does not allow ample time for Year 2 students to study for the boards, take the boards and get an adequate break before Year 3. This leads to:
  - a. Lack of attention to end-of-year courses; and
  - b. Additional stress on the students.
2. The subjects of oncology, nutrition, genetics, and radiology are scattered throughout the year, touched on within other courses. This leads to:
  - a. Students not getting basic instruction in these subjects; and
  - b. Duplication or omission of these subjects within other classes.

- B. A new structure will be implemented in August 2006 that will provide the following:
  - 1. A one week "pre-term" to cover the basics in oncology, nutrition, genetics, and radiology so that when the information is touched on in other classes, the basic knowledge will be reinforced;
  - 2. A shifting of the time frame so that the students have an additional week to prepare for the boards.
- C. Dave reported that the proposed modifications were proposed to a focus group of students and the reaction was unanimously positive.
- D. Brett Chevalier offered that she believes the new modifications will improve attendance in 5<sup>th</sup> term courses since it allows more time for students to study for the boards.
- E. Dave reported that the pre-term courses will be pass/fail and that the exams will be available on Blackboard, to be taken within one or two weeks after the courses end. Students will have multiple opportunities to pass the exams.

## V. LCME Summary

Dave distributed copies of the preliminary LCME summary (Attachment B) and indicated and discussed with the use of an overhead, the points that specifically impacted the MEC. They are (with DWN's assessment in green):

IS-9: There must be clear understanding of the authority and responsibility for medical school matters among the vice president for health affairs, the dean of the medical school, the faculty, and the directors of the other components of the medical center and university

Finding: the financial agreement between the Dartmouth-Hitchcock Alliance and the School does not address the critical issues of the academic responsibilities, benefits and rewards of the full time clinical faculty outlined in the self study. In addition the new agreement does not address the school's expressed desire for a "restructuring" of Graduate Medical Education, Continuing Medical Education and medical student education to obtain mutual benefits to learners at all levels of the continuum of medical education.  
(Agrees. There needs to be a formal agreement that spells out how DMS, DHC, and MHMH can help support one another.)

ED-8: There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline.

Finding:- the sites for the required clerkship in neurology do not offer comparable clinical experiences and use differing evaluation instruments.  
(Agrees. There is some inconsistency in clinical experiences in Neurology. Discussions are under way.)

ED-32: Narrative descriptions of student performance and of non-cognitive achievement should be included as part of evaluations in all required courses and clerkships where teacher-student interaction permits this form of assessment.

Finding: several first and second year courses place students in small group settings with longitudinal faculty relationships, yet do not utilize narrative evaluations in the assessment of the curricular competencies.  
(Agreed. Small groups can be better used to assess and give feedback to students. These changes are in process.)

ED-33: There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

Finding: the Medical Education Committee is not formally chartered as the institutional curricular authority, and does not perform a cohesive and comprehensive management function of the curriculum, using the existing components of student course evaluations, input from the year groups, centralized course/clerkship evaluations, or the DMEDS experiential database.  
(A formal charge to the committee will follow.)

ED-35: The objectives, content, and pedagogy of each segment of the curriculum, as well as for the curriculum as a whole, must be subject to periodic review and revision by the faculty.

Finding: the Medical Education Committee has not undertaken a systematic review of the school's courses or clerkships, and does not have a standing format for course evaluation nor does it have a schedule for review.  
(Currently in progress.)

ER-9: There must be written and signed affiliation agreements between the medical school and its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.

Finding: a number of the affiliation agreements provided to the survey team do not address institutional responsibilities in the event of occupational exposure or injury; several do not provide assurance of student and faculty

access to appropriate resources for medical student education or the authority of academic department heads to do so.

(Agrees. There needs to be a formal agreement between DMS and its clinical partners.)

### **Areas in Transition**

Utilization of DMEDS as a tracking and evaluative tool is incompletely implemented and efforts should continue to make full use of DMEDS in all clerkships and electives.

(Disagree. LCME did not provide adequate opportunity to spell out how DMEDS is already being implemented.)

The newly developed use of the six competencies as the school wide objectives is beginning to drive the objectives and student evaluation in a number of clerkships, but needs more attention in many of the first and second year courses.

(Will explore during course reviews.)

The relationship with Brown University is being revisited by discussions within and between Dartmouth and Brown. The outcome of these discussions will have the potential to affect admissions, class size, and the diversity of the student body.

(The relationship between Brown University and DMS will eventually be phased out. A new relationship is being forged between DMS and Sophie Davis. DMS will begin accepting Year 3 transfer students from Sophie Davis in June 2007.)

## **VI. New Charge to MEC**

Dave presented the new charge to the MEC (Attachment C) and opened the floor for discussion and questions. Dave noted a change – that although the date for presentation to the DAB was omitted, the document was indeed presented. Gene Nattie suggested the word “etc.” be removed and expressed concern that certain facets of the charge might engender closer scrutiny from the LCME in future re-accreditation studies. Dave requested that additional corrections, additions, etc., be emailed to him.

## **VII. Other Issues**

- A. Leslie Fall expressed interest in a further discussion of the Inter-entity Agreement and its impact on teaching and clinical faculty. Dave will request that Dean Spielberg attend the October meeting for discussion.
- B. T.K. Mohandas is overseeing a VIG on Genetics and projects that he will be able to present a report in the spring.

## VIII. Agenda for October 18 Meeting

- A. Review: Laura Reis and John Hwa will review the first two courses, which are SBM Resp. and SBM/CV respectively;
  - B. Key Metric: Performance of Year 4 students on Step II CK; and
  - C. Special Topic: Discussion with the Dean about the Inter-Entity Agreement.
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