

Dart nouth Medical School 1947 (1447

DARTMOUTH MEDICAL SCHOOL

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Wednesday, October 19, 2005

To: From: Subject:	Members of Medical Education Committee David W. Nierenberg <u>.</u> Minutes - Meeting held Tues., September 27, 2005 - 4:00 to 5:45 pm, 758 E/W Borwell
Members Present:	Narath Carlile (Year 1), Rich Comi, Barbara Conradt, Andy Daubenspeck, Bill Garrity, John Hwa, Don Kollisch, Petra Lewis, Steve McAllister, Gene Nattie, Dave Nierenberg, Ben Northrup (Year 2), Abigail Rao (Year 2), Laura Reis (Year 2), and Eric Shirley = 15
Members Absent:	Jamie Bessich (Year 3), Brett Chevalier (Year 4), Leslie Fall, Brent Harris, Horace Henriques, Will Nugent (Year 4), Roshini Pinto-Powell, Mike Price, Brian Reid, and Joao Tiexeira (Year 3), = 10
Guests:	Jim Bell and Kalindi Trietley = 2

Scheduled Meetings:

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

I. <u>Review of Minutes</u>

Dave Nierenberg opened the meeting with requests for changes and/or additions to the minutes of the September 27 meeting. There were none.

II. Key Metric: Performance of Year 4 Students on Step II

Dave presented the results of the most recent boards – Step II – which was taken by the last academic years' fourth year students. Although the class did very well on the whole, scoring 7 points above the national mean, six students who took the boards failed. This becomes a problem for the student and DMS for the following reasons:

- A. Failure means that the students can only begin their internships in the few states that do not require passing for licensure; and
- B. Although the school can only be responsible to a point, students failing reflects badly on the DMS curriculum.

Dave opened the floor to discussion for improvement in this area. The following suggestions were made:

- A. DMS only requires that students take the exam. They do not require that the student pass the exam. In many medical schools, passing is a requirement for graduation. Perhaps DMS should require passing;
- B. DMS could require that the test be taken early so that failures could be rectified before graduation;
- C. More comprehensive remedial therapies could be developed for high risk students; and
- D. An optional "Board Review Course," could be offered as an elective.

Other points made included:

- A. Of the six who failed, all were high risk (based on prior grades) in courses and clerkships. Several had also failed Part I;
- B. Dave Nierenberg works closely with the lower 10% of the Year 2 class throughout the year and remedial resources are made available;
- C. According to Kalindi Trietley, there is often a correlation between the students' failures and their low reading level; and
- D. Many student don't study for Step II because they believe that all the information is included in their Year 4 clinical studies.

Dave asked the membership to deliberate on these issues for discussion at the November meeting.

III. Review of the Year 2 SBM/Respiration Course

Student member Laura Reis reviewed the information she was given by Dave Nierenberg at the September meeting regarding the SBM/Respiration Course and found the following:

- A. Based on the student evaluations from last year and the course director's own assessment of the course, Laura reported the following strengths:
 - 1. Students were generally satisfied with the course;
 - 2. The course was well paced;
 - 3. Hal Manning received high praise as course director;
 - 4. Students perceived the lectures as usefull;
 - 5. The pathology lectures were useful;
 - 6. Small group instruction was useful;
 - 7. Small group instruction was of excellent quality.
- B. Based on the same information, Laura reported a few minor areas that could be improved:
 - 1. There were often too few pathology lab instructors;
 - 2. The pathology lab summaries were posted too late;
 - 3. The PowerPoint files were posted too late;
 - 4. Two lecturers had below-average scores; and
 - 5. Pathology lecture notes were inadequate.
- C. According to attending student members and Dr. Manning's self-assessment report, some of the weak areas have already been addressed in this years' class, including improved Pathology lecture notes. The grading policy has also been changed, with small group participation receiving more weight.

IV. <u>Review of SBM/Cardiology Course</u>

MEC member John Hwa reviewed the information he was given by Dave Nierenberg at the September meeting regarding the SBM/Cardiovascular course and found the following:

- A. Based on the student evaluations from last year and the course director's own assessment of the course, John reported the following strengths:
 - 1. Balance of prevention, global outlook, therapeutics and findings of cardiac illness;
 - 2. Dedicated lecturers;
 - 3. Fair and clear grading policy; and
 - 4. Effective small group teaching.
- B. Based on the same information, John reported a few minor areas that could be improved:
 - 1. Pathology lecture notes were sparse and difficult to learn from;
 - 2. ECG section needs to be paced slower; and
 - 3. Pathology section lacked continuity and suffered from a shortage of teaching assistants in the lab.

- C. According to attending student members and Dr. Bell's self-assessment report (and in-person comments), some of the weak areas have already been addressed for this years' class, including a reorganization of the Pathology lecture and lab schedule, a plan for recruiting cardiology faculty for small groups, and a revised approach to teaching the ECG section.
- D. John also presented an overhead that was a copy of a memo that Jim Bell had received from Dr. Catherwood detailing a new clinical policy emphasizing increasing clinical RVU's, which can result in pulling back from longstanding teaching commitments. The policy creates a threat to the prospect of recruiting clinicians for teaching purposes. Dave Nierenberg commented that this is, indeed, a potential problem and will be addressed in the creation of a new formal agreement between DMS and the clinical entities.

V. On-Call Hours Policy for Years 3 & 4 Students

In response to a student-submitted position statement regarding student work hours at DMS, Dave Nierenberg and Eric Shirley drafted a "Clerkship On-Call Policy" (Attachment A) that elucidates time-commitment expectations for students in clerkships. After perusal of the draft in overhead form, Dave opened the floor for discussion. The following issues were raised:

- A. Could Year 4 students be polled for input into the efficacy of the policy?
- B. Would students feel constrained by the policy? Clerkship directors?
- C. Should the policy be optional?
- D. Would the new policy interfere with the students' willingness to prove their readiness for internship?
- E. Would the policy interfere with the quality and quantity of learning available during clerkships?
- F. Could the language be adjusted to indicate that the policy reflects "guidelines" over "regulations"?

Dave requested that the membership consider the content and issues regarding the policy and discussion would continue at the November meeting.

VI. Agenda for November 15 Meeting

- A. Review: Ben Northrup will review SBM/Hematology and Barbara Conradt will review SBM/Pharmacology;
- B. Key Metric: Performance of Year 4 students on Step II CK (continued);
- C. Special Topic: Discussion with the Dean about the Inter-Entity Agreement; and
- D. Special Topic: Continuation of clerkship hours policy discussion.