To: Members of Medical Education Committee
From: David W. Nierenberg
Subject: Minutes - Meeting held Tues., March 20, 2012 - 4:00 to 5:30 pm, 758W Borwell

Voting Members Present: Jessie Bay (Year 2), Ken Burchard, Rich Comi, Scottie Eliassen, Carolyn Koulouris (Year 3), Victor Laurion (Year 1), Tim Lahey, Virginia Lyons, Hal Manning, Dave Nierenberg, Greg Ogrinc, Todd Poret, Virginia Reed, Judy Rees, Krina Shah (Year 1), and Eric Shirley (n = 16)

Voting Members Absent: Kathleen Chaimberg, Ben Colby (Year 2), Matt Crowson (Year 3), Aniko Fejes-Toth, Tom Finn (Year 4), Sarah Johansen, and Jonathan Zipursky (Year 3). (n = 7)

Guests and Non-Voting Members: Terri Eastman, Horace Henriques, Geoff Noble, Roshini Pinto-Powell, Brian Reid, Cindy Stewart, and Kalindi Trietley (n = 7)

Scheduled Meetings:

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* Denotes change from original schedule.

I. New Format for Course/Clerkship Reviews:

Dr. Nierenberg explained that, in order to be in compliance with LCME standards, required courses and clerkships will be initially reviewed by one of the MEC subcommittees, and then recommendations from these subcommittees will be presented to the MEC at the regular monthly MEC meetings.
II. Geriatrics and Ambulatory Medicine (GAM) Clerkship Review:

A. Dave Nierenberg gave a brief introduction to the GAM clerkship (see attachment)

B. Roshini Pinto-Powell presented a detailed description of the GAM clerkship including the following points:
   1. GAM is a required clerkship, usually taken in Yr. 4
   2. Sites are mostly in New Hampshire and Maine, with one site in New Rochelle, NY, and a potential future site at CPMC in San Francisco.
   3. All sites are in doctors’ ambulatory office practices.
   4. The clerkship has been improved since the evaluations to be presented were filled out
   5. The structure of the course is as follows:
      a) Students have orientation on Monday
      b) They travel to sites immediately after orientation
      c) They attend clinic in 8 sessions per week
      d) They return to NH for didactics on Friday mornings (and are then off on Friday afternoons)
      e) On the second Friday, they meet with course mentors and write a reflection piece
      f) There is a new written exam on the last Friday, a 50 point case-based exam
   6. Students see a variety of patients, mostly in the office, but also traveling to nursing homes and making home visits during their rotations

C. Dave Nierenberg presented information regarding student scores on USMLE Step 2 CK and percentage of students continuing on in Medicine. (see attachment)

D. Dave Nierenberg presented information compiled by Yr. 4 student representative Tom Finn regarding student evaluations (see attachment).

E. Roshini Pinto-Powell took questions from the floor, addressing the following issues:
   1. Students at distant sites (e.g., Maine) are not always able to attend didactics (they are currently working toward doubling the number of sites with an eye to gaining more local sites and are exploring technology for distance learning for those who cannot attend)
   2. Is there a difference in exam scores for those unable to attend didactics? (No. PPT slides for the didactics are uploaded to Blackboard so the away students get study materials.
   3. Is the clerkship confident in their ability to handle the increased class size next academic year? (Yes)

F. Dave Nierenberg presented the Essential Skills and Conditions are currently required of all GAM students. The membership voted unanimously to accept them with the additions of:
   1. Frailty
   2. Balance problems
III. **New Biomedical Librarian:**

Dave Nierenberg introduced Laura Cousineau, the new Biomedical Librarian who replaced Bill Garrity.

IV. **Update on Surgery Clerkship:**

A. Horace Henriques presented an update of the Surgery Clerkship to pinpoint improvements and delineate how the clerkship will adjust to the new 8 week structure for next year (see attached), including:
   1. The student preference process has been worked out with Dr. Shirley and a lottery system
   2. All students will have at least several choices and **must** take at least one general surgery, team assessment
   3. The clerkship directors believe there is no reason to involve CPMC at this point, but is open to re-examining the possibility next year
   4. Weekly didactic sessions will continue for all students
   5. The issue of “toxic learning environment” will continue to be addressed at an upcoming retreat

B. Dr. Henriques took questions from the membership, addressing the following issues:
   1. What were the criteria for dividing the services between general surgery and specialties (The number of organ systems involved and whether the service had a major emphasis on abdominal surgical conditions and surgical procedures)
   2. How are students able to take specialty surgery before general surgery (They are prepared with a combination of basic SBM knowledge and ongoing didactics)
   3. What is the role of the student now? (The student is a member of the team: writing notes, participating in decisions, assisting in the OR, learning suturing, taking night call, and helping with some scut work and wound care)
   4. Is there a new self-evaluation model? (Although it not formally called that, students set goals and track their own progress)
   5. How is the “toxic” culture issue being addressed? (The subject will be explored at an upcoming faculty retreat. Although making changes to the culture will likely be difficult, some faculty are happy to step up to address it)

C. Dr. Nierenberg commented that the surgery clerkship recently did a very good job getting the DMEDS data updated, to more accurately reflect what students are really doing and seeing.

V. **Introduction of New Member:**

Dave Nierenberg introduced Ken Burchard, the newest member of the MEC, nominated directly by the Faculty Council.
VI. **Summary of Yr 2 SBM/Cardiology Course Review by the Year 2 Subcommittee:**

Dr. Nierenberg presented the findings of the MEC Subcommittee for Course Review for Year 2 for the SBM/Cardiology Course (see attachment). The full MEC formally approved recommended changes for next year, which include:

A. Develop a course planning committee, multidisciplinary, with representation from key stakeholders (e.g. cardiology, cardiac surgery, pathology, pharmacology, pediatrics, imaging, etc)

B. Create written narrative formative feedback, most likely from having more conference groups (with continuity of faculty member), and hopefully able to assess their skills at medical problem solving and critical judgment (this already occurs in the PBL groups as well). This feedback may be more helpful to students, and less threatening, if not part of the final grade (e.g. formative, not summative).

C. Decrease hours of lecture slightly, increase more active learning activities; LCME goal appears to be <40% time devoted to lectures

D. Develop at least one hour of curriculum for students to observe, measure, and think about actual clinical or scientific data (e.g. range of METS achievable (range, mean, SD, etc) on treadmill test for male vs female students)

E. Develop Physical Dx clinic for patients with cardiac murmurs, possibly at the VAMC as well so students can be introduced to that center

F. Create new library of digitized images for use on the final exam (path)

G. Approach learning about ECGs in a new way, possibly a different combination of reading the text, using an interactive computer program, and fewer hours of lecture

H. Decide how to reduce time slightly devoted to pathology material, and discuss change of main lecturer

I. Decide how best to cover two hours of lecture currently covered by Dr. Katz, in order to make it more accessible to Y2 medical students

VII. **Agenda for April 17 Meeting:**

A. Summary of Yr. 2 SBM/Respiration Course Review
B. Summary of Yr. 1 SBM/Biochemistry Course Review
C. Summary of Yr. 1 SBM/Anatomy Course Review
D. Update on Medicine 8-week Clerkship Plan
E. Update on Peds 8-week Clerkship Plan