

Meeting Date: Tuesday, July 16, 2019
Time: 4:00 – 6:00 p.m.
Meeting Location: DHMC – Auditorium F
Approval: August 20, 2019
Recorded By: Cori Tebbetts

Attendance

Present = X, Absent = 0

Faculty Voting Members							
Ahmed, Nayla (Clinical-Medicine)	X	Ames, James (Preclinical & Clinical-Orthopedics)	X	Chow, Vinca (Clinical-Anesthesiology)	X	Crockett, Sarah (Clinical-Emergency Medicine)	X
Hanissian, Paul (Preclinical- SBM Reproduction; Clinical-Obstetrics and Gynecology)	0	Hartford, Alan (Preclinical; Clinical-Medicine, Rad-Onc)	X	Homeier, Barbara (Preclinical-On Doctoring)	X	Loo, Eric (Preclinical-Pathology)	0
Myers, Larry (Preclinical, Medical Education)	X	Nelson, Bill (Preclinical-Psychiatry)	0	Robey, R, Brooks (Preclinical & Clinical-Renal; Faculty Council)	X	Sachs, Marlene (Community Preceptor Education Board)	X
Saunders, James (Clinical-Surgery)	X	Sorensen, Meredith (Clinical-Surgery)	0	Spaller, Mark (Preclinical-Medical Education)	0	Weinstein, Adam (Chair; Preclinical-Renal, On Doc; Clinical-Pediatrics)	X

Student Voting Members							
Year 1							
TBD		TBD		TBD		TBD	
Year 2							
Bertalan, Mia	X	Demas, Falen	X	Minichiello, Joe	X	Sramek, Michael	X
Year 3							
Bessen, Sarah	0	Del Favero, Natalie	0	Guerra, Sylvia	0	Lindqwister, Alexander	X
Morgan, Alexandra	0	Stanko, Kevin	X				
Year 4							
Bachour, Kinan	0	Berkowitz, Julia	0	Bhushan, Vivian	0	Di Cocco, Bianca	X
Kettering, Alexander	0	Ramos, Joshua	X	Warren, Celestine	0		
MD/PhD							
Chidawanika, Tamutenda	0	Kamal, Yasmin	0	Rees, Christiaan	0	Smolen, Kali	0

Non-Voting Members

Albright, Amanda (Instructional Designer)	0	Brown, Lin (Co-Director, SBM)	X	Dick III, John (Associate Dean, Clinical)	X	Eastman, Terri (Director, Preclinical Curriculum)	X
Eidtson, Bill (Director, Learning Services)	0	Fountain, Jennifer (Assessment)	0	Holmes, Alison (Associate Dean, Career Advising)	0	Jaeger, Mikki (Registrar)	0
Kerns, Stephanie (Director, Biomedical Libraries)	X	Lyons, Virginia (Associate Dean, Preclinical)	X	Manning, Hal (Co-Director, SBM)	X	McAllister, Steve (Director, Educational Technology)	0
Montalbano, Leah (Director, Assessment & Evaluation)	X	Mullins, David (Associate Dean, Biomedical Science Integration)	X	Ogrinc, Greg (Senior Associate Dean for Medical Education)	0	Pinto-Powell, Roshini (Associate Dean, Admissions)	0
Reid, Brian (Associate Director, Educational Technology)	X	Ricker, Alison (Director, Clinical Curriculum)	X	Rand Swenson (Chair, Dept. of Medical Education)	X	White, Stephanie (Associate Dean, Diversity and Inclusion)	0
Vacant (Associate Dean, Student Affairs and Support)		Vacant (Associate Dean, UME Administration)		Vacant (Chair, Geisel Academy of Master Educators)		Leslie DeMars, MD (Preclinical-Reproductive Medicine)	X

**Student Non-Voting Members
Diversity and Inclusion & Community Engagement (DICE)**

Conn, Stephen (Preclinical)	X	Lewis, Chad (Clinical)	X				
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Vice Chairs for Academics – Student Government

Bachour, Kinan	0	Jain, Raina	X				
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Guest(s)

Steve Bensen, MD (Preclinical-GI and Metabolism)	Mary Chamberlin, MD (Oncology Longitudinal Curriculum)	Anthony Gemignani, MD (Preclinical-Cardiovascular Medicine)	Susan Martin (Associate Registrar)
Manish Mishra, MD (Substance Use and Pain Longitudinal Curriculum)	Cori Tebbetts (Undergraduate Medical Education Affairs)	Terrence Welch, MD (Preclinical-Cardiovascular Medicine)	

Call to Order

Adam Weinstein, MD

Adam Weinstein, Chair, called the meeting to order at 4:05 p.m.

Announcements

Adam Weinstein, MD

1. Welcome New Members!
 - a. Adam welcomed new members Nayla Ahmed, Vinca Chow, Alan Hartford, and Barb Homeier to the Committee.

Approval of Meeting Minutes

Adam Weinstein, MD

Approval of June 18, 2019 meeting minutes.

Brooks Robey made a motion to approve the June 18, 2019 MEC meeting minutes. The motion was seconded by Jim Saunders. The motion passed by a unanimous vote.

Student Issues & Feedback

No issues for this meeting.

Consent Agenda

1. Patients and Populations Revised Course Objectives – Brenda Sirovich, MD, MS

- i. Adam introduced the changes to verbs for the Patients and Populations course.
- ii. There was some discussion regarding objective #5 (Analyze patterns of disease and healthcare and assess differential risk among populations, communities, and subgroups), and how the U.S. systems compare globally. This topic is within the health equity longitudinal course objectives.

Brooks Robey made a motion to approve the revised Patients and Populations (MDED118 & MDED218) course objectives. The motion was seconded by Barb Homeier. The motion passed by a unanimous vote.

Old Business

1. Preclinical Grading Assessment Guidelines – Leah Montalbano, MPA & Virginia Lyons, PhD

- i. Leah presented the preclinical grading assessment policy recently approved by the Geisel Evaluation and Oversight Committee. She summarized the updates since the previous presentation to the MEC. All preclinical courses would have benchmark assessments in their courses and to pass this component, students would need to average 70% or higher across the benchmarks (rather than on each and every benchmark). A student who scores below that average would have to successfully complete a remediation before they were able to sit for the final exam. This statement reads:
 - a. “Benchmark assessments are summative assessments that have a diagnostic purpose – they are designed to determine how a learner is progressing at a particular time period and whether the learner needs additional support. Some examples include formal in-class quizzes, a midterm exam or a course project. If a student scores below 70% on a benchmark assessment, they will need to meet with the course leader(s) to discuss strategies for improvement. Students who achieve a combined average of 70% or better on benchmark assessments will satisfy this component of the course grade. Students who do not achieve a 70% average on benchmark assessments will need to successfully complete one or more remediation activities determined by the course leader(s) prior to the final summative assessment (e.g. re-exam).”

- ii. Discussion
 - a. There was concern that the course director would have to create another exam for remediation, but it was clarified there could be multiple means of remediation, rather than exclusively multiple-choice questions. Short answer, essay formats or projects demonstrating their knowledge of this material would all be options.
 - b. Some students demonstrate strength in some topics and weakness in others. This document ensures that students are more well-rounded in their knowledge of and success within a preclinical course.
 - c. After the first benchmark failure (less than 70%), the course leader is encouraged to meet with the student. The student would only need to remediate if their average is below a 70% after all benchmark assessments. This is purposefully left open for course leader interpretation to determine the remediation plan on a case-by-case basis; depending on how well or how poorly the student performed in certain topic areas. Tutors were also presented as a remediation option where the course leader could train them on how to best remediate the student.
 - d. Most of the questions were answered in discussion and this policy will be assessed throughout the year by the Medical Education Department administration and again by the evaluation oversight committee with updates to the MEC as applicable.

2. Preclinical Contact Hours Policy – Larry Myers, PhD

- i. Larry presented the proposed changes to the Preclinical Contact Hours Policy. Larry and Chris Rees, MD/PhD student representative, worked on revising the first bullet in the policy statement to reflect changes to the definition of a class hour since this policy was last reviewed and approved by the MEC.
- ii. There was discussion about allowing the flexibility for course leaders to expand contact hours in the schedule up to 26 hours per week with an understanding that the average contact hours per week would not exceed 24 hours over the length of the term.
- iii. Discussion
 - a. There was a concern that the timing of the policy revisions is being presented too late in the year to change the current fall schedule. It would be better to review this policy in the spring, well before the fall schedule is created for the next academic year. It was decided that course hours would not be added to the existing fall schedule, and any changes to the policy would not be effective until after December 2019.
 - b. There was also a concern about adjusting course hours for the Registrar since there are several implications for assigning credits in terms of accreditation and financial aid.
 - c. One member indicated the policy used to state that 25 hours per week was allocated as an average throughout the term. However, interpretations of the LCME's recommendations suggest a limit of 24 hours per week rather than on average.
 - d. Another member advocated that 24 hours per week is a reasonable target and allowing the schedule in a given week to go up to 26 hours per week provides flexibility for the schedule but maintaining that the average over the block needs to be 24 hours per week allows students sufficient time to prepare for class outside of contact time. When a curriculum is unrestrained, course leaders add more time, and students begin to complain. This change is in compliance with the course leader's need for flexibility while keeping within time constraints. This change would also not affect course hours.

Alan Hartford made a motion to approve the proposed changes to the Preclinical Contact Hours Policy (UME-CURR.PCE-0002) with the understanding that the first proposed policy statement be revised to state:

“The scheduled contact hours shall not exceed 24 hours per week on average over the course of the block, pro-rated for holidays. Course leaders are strongly encouraged to ensure the schedule does not exceed 24 contact hours per week in any given week, however if necessary, a particular week may have up to 26 contact hours. Scheduled contact hours shall not ever exceed 26 hours per week, pro-rated for holidays.”

This policy change would not affect schedules until after December 2019.

The motion was seconded by Jim Saunders. The motion passed by a unanimous vote.

Action Steps: Cori to move the review timeline for this policy to March, well before the fall preclinical schedules are created. Susan will check with the Registrar on the number of hours to ensure compliance.

New Business

1. Sub-Internship Policy – John Dick, MD

- i. John summarized the Sub-internship policy and how it was updated to fit the new curriculum vocabulary. He stated that language was cleaned up to allow students from both Year 3 and Year 4 to participate in Sub-Is so long as their core clerkships are complete. Language in the last bullet point was also updated to alert students that they must pre-register for all Sub-Is.

Vinca Chow made a motion to approve the Sub-Internship Policy (UME-CURR.CE-0014) as written. The motion was seconded by Jim Saunders. The motion passed by a unanimous vote.

2. Phase 1: Longitudinal Curriculum (LC)

- i. **Health Care Delivery Science – Greg Orginc, MD**
 - Adam presented the Health Care Delivery Science Longitudinal Curriculum Objectives on Greg’s behalf. A tenth objective about urgent public health policy was added after the materials were received.

Barb Homeier made a motion to approve the nine Health Care Delivery Science Longitudinal Objectives with the understanding that there is a tenth objective that will be added to the consent agenda for next month. The motion was seconded by Mike Sramek. The motion passed by a unanimous vote.

Action Step: Adam and Cori to obtain the tenth objective from Greg and add it to the August 2019 consent agenda.

- ii. **Genetics – Larry Myers, PhD & Mary Beth Dinulos, MD**
 - Larry presented the Genetics Longitudinal Curriculum Objectives based on the Association of Professors of Human and Medical Genetics and will be covered mainly

within the preclinical curriculum. Mary Beth will implement the clinically related objectives within the clinical curriculum years.

Jamie Ames made a motion to approve the Genetics Longitudinal Objectives as written. The motion was seconded by Mike Sramek. The motion passed by a unanimous vote.

iii. **Oncology** – *Mary Chamberlin, MD*

- Mary Chamberlin introduced the first draft of the Oncology Longitudinal Curriculum Objectives and reviewed the major topics that will be covered. She plans to consolidate the language to whittle the number of objectives down to fifteen.
- One member commented that there was no objective for breast cancer. Since the Foundations curriculum and Reproductive Medicine course covers breast cancer so heavily, these were not added to the Oncology LC objectives.

Action Step: Cori and Adam to add this item to the August 2019 consent agenda. Mary will consolidate the objectives and send the final draft for distribution before the next meeting.

iv. **Substance Use and Pain** – *Manish Mishra, MD*

- Manish introduced the premise behind the Substance Use and Pain Longitudinal Curriculum in how it utilizes a holistic approach to disease states and focus on the anatomy of addiction. The main point of this curriculum was not to change issues with other substances such as alcohol and other drugs that have addiction properties.
- There was discussion about separating physical/body pain from psychological/mental pain. One member supported keeping them together as a holistic view, and not focusing too much on a physical pain while keeping it open to the psychological pain consistent with substance use.

Action Step: Cori and Adam to add this item to the August 2019 consent agenda. Adam and Manish to obtain the appendices from the curriculum meeting minutes from Martha McDaniel so he can send the first draft of objectives before the next meeting.

3. Respiratory Medicine (Review #2 – Final) – *Hal Manning, MD*

- i. Hal presented the Respiratory Medicine final review. There were no major changes after the MEC Subcommittee meeting. The only update was additions to the longitudinal curriculum associations and mapping. Hal reviewed the summary of pedagogy, assessment, and feedback for learners. The course schedule was integrated with the Cardiovascular Medicine course and reviewed together.

4. Cardiovascular Medicine (Review #2 – Final) – Anthony (Tony) Gemignani, MD and Terrence Welch, MD

- i. Tony presented the Cardiovascular Medicine final review. The only change made with feedback from the MEC Subcommittee was to the assessment. Additionally, the course hours increased from 100 to 102 hours. Tony introduced the longitudinal curricula, summary of pedagogy, assessment, and content reinforcement.
- ii. When reviewing the draft schedule, Hal commented that the three benchmark quizzes were not included in the draft and the PBL sessions are to be changed in timing. Hal and Tony explained the integration of the two courses for some sessions such as the introduction.
- iii. There was a discussion about the timing of the benchmark quizzes and giving students appropriate reading time before those quizzes in which the course leaders both noted benchmarks would take place on Mondays.
- iv. One member asked about turnaround time for formative assessments. Some of the formative feedback would ask students to self-assess by comparing their answer to a key provided or answer presented and discussed.

Alex Lindqwister made a motion to approve the Respiratory Medicine (MDFD132) Review #2 and the Cardiovascular Medicine (MDFD131) Review #2 together as written. The motion was seconded by Mike Sramek. The motion passed by a unanimous vote.

Action Step: Registrar to check the math on the number of hours (currently listed as 102 hours) to ensure accuracy.

Follow-Up: Preclinical Attendance Policy – Virginia Lyons, PhD

- Before the meeting adjourned, Virginia Lyons asked the Committee a question to clarify last month's approved changes to the Preclinical Attendance Policy (UME-CURR.PCE-0004). She asked about moving religious observances to planned absences. Since the students are allowed six planned absences, Virginia asked if religious observances would count toward the six absences.
- The Committee discussed keeping the six-day rule and dealing with special requests past the six given days on a case-by-case basis. One member agreed that students would have to prioritize their choices, for instance observing a religious holiday versus taking time off for a conference.

Adjournment

Adam Weinstein, MD

Adam Weinstein, Chair, adjourned the meeting at 5:36 p.m.

Ongoing Business

- Evaluation Oversight Committee
- LCME Oversight Committee
- Enrichment Electives

Future Meetings

MEC meetings are the 3rd Tuesday of each month from 4:00 - 6:00 p.m.

- August 20, 2019
- September 17, 2019
- October 15, 2019
- November 19, 2019
- December 17, 2019
- January 21, 2020