

Meeting Date: Tuesday, October 15, 2019
Time: 4:00 – 6:00 p.m.
Meeting Location: DHMC – Fuller Board Room
Approval: November 19, 2019
Recorded By: Jillian Marcus

Attendance

Present = X, Absent = 0

Faculty Voting Members

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

Student Voting Members Year 1

TBD		TBD		TBD		TBD	
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Year 2

Bertalan, Mia	X	Demsas, Falen	X	Minichiello, Joe	X	Sramek, Michael	X
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Year 3

Bessen, Sarah	0	Del Favero, Natalie	0	Guerra, Sylvia	0	Lindqwister, Alexander	0
Morgan, Alexandra	0	Stanko, Kevin	0				

Year 4

Bachour, Kinan	0	Berkowitz, Julia	0	Bhushan, Vivian	0	Di Cocco, Bianca	X
Kettering, Alexander	0	Ramos, Joshua	0	Warren, Celestine	0		

MD/PhD

Chidawanika, Tamutenda	0	Kamal, Yasmin	X	Rees, Christiaan	0	Smolen, Kali	0
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Non-Voting Members

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

Student Non-Voting Members

Diversity and Inclusion & Community Engagement (DICE)

Conn, Stephen (Preclinical)	X	Lewis, Chad (Clinical)	0	Trinh, Katherine (Clinical)	0		
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Vice Chairs for Academics – Student Government

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

Frew, Julie		Mowchun, Justin		Sowden, Gillian			
Stark, Aleksandra							

Call to Order

Adam Weinstein, MD

Adam Weinstein, Chair, called the meeting to order at 4:01 p.m.

Announcements

Adam Weinstein, MD

No announcements for this meeting.

Approval of Meeting Minutes

Adam Weinstein, MD

Approval of September 17, 2019 meeting minutes.

Barbara Homeier made a motion to approve the September 17, 2019 MEC meeting minutes. The motion was seconded by Bill Nelson. The motion passed by a unanimous vote.

Student Issues & Feedback

Some of the 3rd year and 4th year students brought up the topic of lectures with Dr. Weinstein in advance of the meeting. They wanted to discuss with 1st and 2nd years about the current approach. Dr. Weinstein referred them to and shared the Principles of Pedagogy document and the Curriculum Inventory material on Lectures. They plan to review and discuss further with the 1st and 2nd year students, and may share ideas on this for the MEC to discuss in the future.

Consent Agenda

1. All Phases: Policy Exam Disruptions – Leah Montalbano, MPA

- i. Adam summarized the discussion from last month about the policy and Leah resubmitted it.
- ii. Discussion
 - One member raised a concern with the wording of “computer software malfunction,” within the policy and suggested it be changed to “extended or recurring computer network or software malfunction.” There was discussion about whether to add this, or a time amount of disruption to the policy. It was felt that any disruption or malfunction might be felt as impacting the assessment activity so the policy was not changed, and kept as submitted.

Paul Hanissian made a motion to approve the UME-CNTRL-0009 Policy Exam Disruptions. The motion was seconded by Barbara Homeier. The motion passed by a unanimous vote.

New Business

1. Phase 2 & 3: Clinical Rotation Placement Policy – *Alison Ricker, MPS & John Dick, MD*

- i. John summarized the policy and the change that had been made. The change was the name of the policy from “Special Requests for Clinical Rotation Placement Policy,” to “Clinical Rotation Placement Policy.” He explained that there is a procedure already in place for exceptions. For example, if a student has a dependent child, then the student does not have to spend time away for a clinical rotation.
- ii. Discussion
 - a. One member asked about the consideration of a driver’s license within the policy. It was mentioned by another member that having access to car is a requirement for matriculation to Geisel, and for On Doctoring, and that is part of the essential standards for matriculation so it is consistent with the policy.
 - b. One member asked how the students felt about the policy. One of the senior students expressed that they feel the policy is working for their class and have had/have heard no issues with it.

Mia Bertalan made a motion to approve the UME-CURR.CE-0002 Clinical Rotation Placement Policy. The motion was seconded by Bill Nelson. The motion passed by a unanimous vote.

2. Phase 2 & 3: End of Clerkship Policy– *Alison Ricker, MPS & John Dick, MD*

- i. Alison Ricker summarized the policy.
- ii. There was a request made for more clarification around the line “in clerkships ending on Tuesdays, overnight clinical responsibilities will be avoided as much as possible in the final four days.” They wanted to clarify what the final four days were, such as Saturday, Sunday, Monday and Tuesday and not Tuesday, Wednesday, Thursday and Friday of the final week for those clerkships ending on Fridays.
- iii. Discussion
 - a. A member brought up the Monday sessions within the clerkship that happen before an exam. From a clerkship director’s perspective, these sessions are needed and are not able to be rescheduled as it is the only time after orientation that the class is back at Geisel and not dispersed among the clinical sites.
 - b. One member expressed trying to front load the call schedules as much as possible, so if there are times available earlier in the clerkship for call, it is better to fill those rather than use later slots. It was mentioned that the clerkships are mindful and try to remain flexible for different reasons. For example, if a student gets sick in the middle of the clerkship and needs to remediate a day. They want to allow that student the time off and have open blocks, but still, meet the clerkship requirements.
 - c. One member brought up removing the word “mentally,” before “mentally prepare for the exam” within the policy to the word “further,” as it is not specific to “mental” preparation alone.

Paul Hanissian made a motion to approve the UME-CURR.CE-0013 End of Clerkship Policy with the change of the word “mentally” to “further.” The motion was seconded by Mark Spaller. The motion passed by unanimous vote.

3. Phase 1: Psychiatry – Julie Frew, MD & Gillian Sowden, MD

- i. Gillian Sowden led the presentation of the Psychiatry course material. Julie and Gillian looked at the National Medical Student Association for Psychiatry Education to make sure the guidelines aligned with what they are teaching the medical students.
- ii. In her presentation they emphasized removal of one objective which they are no longer asking the students to do (related to a previous project), and they mentioned a few new objectives that included ones that focused on psychopharmacology, psychotherapy, as well as with mental status.
- iii. Discussion
 - a. A question was raised about the verbs in the course objectives such as “describe,” and asked whether the students will be expected to do more than “describe” (e.g. will their exams include vignettes where they “apply” knowledge rather than just describe it.
 - b. One member asked about whether the family, loved ones and caretakers were discussed. Gillian answered the psychiatry course focuses on the patient. Another member noted that in On Doctoring, the Psychology of Illness, Patients, and Providers curriculum includes material where there is additional focus on the impact on families and providers.
 - c. A member asked about the psychologic/psychiatric impacts from chronic disease are included in the course. Gillian answered that they talk about the recovery model for severe mental illness, but they do not get into the psychiatric consequences of chronic illness necessarily. This was content, especially with Neurology and Bone and Joints occurring in the same block that might be shared between the courses.
 - d. Continuing with discussion, a student member mentioned that collaboration with On Doctoring regarding substance use content would be beneficial. Such collaboration is already planned.
 - e. One member asked about the common objectives and how they are arranged within the course objectives. Gillian said she will look at them and add the applicable ones to the course.
 - f. To finish the discussion, a member asked that all of the longitudinal curricula be put in the deliverable’s documents. This is because the word document is continued within the MEC reviews, but the power point is not be continued.

Falen Demsas made a motion to approve MDFD 263 Psychiatry (Phase #1) with the addendums to update to higher-order verbs, add each longitudinal curricula that will be mapped in the objective table, and add the applicable common objectives. The motion was seconded by Larry Myers. The motion passed by a unanimous vote with one abstention.

4. Phase 1: Neuroscience and Neurology – Justin Mowchun, MD & Aleksandra Stark, MD

- i. Justin summarized the power point and explained the overlap that neuroscience and neurology have with other courses. Justin said the objectives walkthrough neuroscience but have clinical correlation throughout the course. He mentioned that there was a change of wording and added behavioral, cognitive and autonomic within the objectives. The objective that was removed related to a peer review process that they will no longer be using.
- ii. Discussion
 - a. One member noted the final objective relates to the EMBI longitudinal curriculum. The suggestion was to work together and make sure the wording aligns with that of the longitudinal curricula as well.
 - b. A member raised a concern about whether this course looks at the treatment of headache, or only treatment of headache if it is a manifestation of neurological disease. After clarification, pharmacologic management of headache will be discussed, but evaluation and pathophysiology of all headaches may not be included per se.
 - c. A question was brought up about where anesthesia related pharmacologic content would fit in.
 - d. The correlation between pain and neurology was brought up by a member. Justin explained that this is part of objectives five, seven and eleven with pain from the patient's standpoint. One member mentioned including the word pain within the objectives to address this to make this more clear.
 - e. It was mentioned that different course leaders could come together to teach a lesson with regards to pain and this may be an area the 3 courses within this block overlap and can work together.
 - f. One member raised the point on verbs within the objectives such as "describe," and whether higher order verbs should be used (see similar comment in psychiatry course).

Paul Hanissian made a motion to approve MDFD 261 Neuroscience and Neurology (Phase #1) with the addendums to update to higher-order verbs when applicable, update an objective or create a new one for Anesthesia pharm material to be covered/mapped to, and update the last objective so the wording and terminology aligns with that for the EMBI longitudinal curriculum. The motion was seconded by Bill Nelson. The motion passed by a unanimous vote.

Adjournment

Adam Weinstein, MD

Adam Weinstein, Chair, adjourned the meeting at 5:30 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.

- November 19, 2019
- December 17, 2019
- January 21, 2020
- February 18, 2020
- March 17, 2020
- April 21, 2020