

2Meeting Date: Tuesday, January 21, 2020
Time: 4:00 – 6:00 p.m.
Meeting Location: DHMC – Auditorium F
Approval: February 25, 2020
Recorded By: Jillian Marcus

Attendance

Present = X, Absent = 0

Faculty Voting Members

Ahmed, Nayla (Clinical-Medicine)	0	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)	X	Hartford, Alan (Preclinical; Clinical-Medicine)	X	Homeier, Barbara (Preclinical-On Doctoring)	0	Loo, Eric (Preclinical-Pathology)	X
Myers, Larry (Preclinical, Medical Education)	X	Nelson, Bill (Preclinical-Psychiatry)	X	Robey, R, Brooks (Preclinical & Clinical-Renal; Faculty Council)	X	Sachs, Marlene (Community Preceptor Education Board)	0
Saunders, James (Clinical-Surgery)	X	Sorensen, Meredith (Clinical-Surgery)	X	Weinstein, Adam (Chair; Preclinical-Renal, On Doc; Clinical- Pediatrics)	X		

Student Voting Members

Year 1

Banerji, Sarah	X	Cheema, Amal	X	Hanley, Meg	X	Morris, Linda	X
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Year 2

Bertalan, Mia	0	Demsas, Falen	X	Minichiello, Joe	X	Sramek, Michael	0
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Year 3

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

Year 4

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

MD/PhD

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

Albright, Amanda (Instructional Designer)	0	Borges, Nicole (Chair, Dept. of Medical Education)	X	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	Marcus, Jillian (Administrative Support, UME Affairs)	X
Manning, Hal (Preclinical – SBM Co-Director)	0	McAllister, Steve (Director, Educational Technology)	0	Vacant (Associate Dean, Student Affairs and Support)	0	Montalbano, Leah (Director, Assessment & Evaluation)	X
Mullins, David (Associate Dean, Biomedical Science Integration)	X	Mullins, David (Chair, Geisel Academy of Master Educators)	X	Dick III, John (Interim, Senior Associate Dean for Medical Education)	X	Pinto-Powell, Roshini (Associate Dean, Admissions)	0
Reid, Brian (Associate Director, Educational Technology)	X	Ricker, Alison (Clinical - Director, Clinical Curriculum)	0	Vacant (Associate Dean, Diversity and Inclusion)	0	Vacant (Associate Dean, UME Administration)	0

**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)

Leah Matthew	Jessie Reynolds	Scottie Eliassen	

Call to Order

Adam Weinstein, MD

Adam Weinstein, Chair, called the meeting to order at 4:00 p.m.

Announcements

Adam Weinstein, MD

- i. Nicole Borges announced that Dr. Brenda Roman will be coming to Geisel on February 11th, and this talk is named “*Lecture Free for Gen Z.*”
- ii. Adam Weinstein announced that the MEC is going to begin reviewing phase 1 courses after they have taken place through a new format for the course review process which emphasizes our principles of pedagogy, evaluation, and assessment. Phase 2 and 3 courses will transition to a similar format. Adam said that there are three courses coming up for review and presented to the MEC this spring. He said that the surgery clerkship review is on January 30th at 4:00 pm and if you are an interested faculty member on the MEC, your participation would be welcomed. The courses up for review are Surgery, Infection, Inflammation and Immunity, and Hematology. If interested in participating in the review, please email Adam and Jill.
- iii. The final announcement was with regards to the program objective review. One of the recommendations was to maintain the iterative review of the program objectives to

ensure they are still representative of the Geisel School of Medicine program, and are being assessed within the students adequately. Adam has put these on the schedule for review and there will be emails coming out to volunteer to be involved in the review. One member asked if this was a part of the leadership longitudinal curriculum, and Adam clarified that much of the leadership longitudinal curriculum will map to that particular program competency, Personal, Professional, and Leadership Development, and he clarified this is a different process, reviewing the Program Objectives under the 8 Geisel Competencies. The next set of Program Objectives to review will be those under the Medical Science competency.

Approval of Meeting Minutes

Adam Weinstein, MD

Approval of November 19, 2019 meeting minutes.

Joe Minichiello made a motion to approve the November 19, 2019 MEC meeting minutes. The motion was seconded by Bill Nelson. The motion passed by a unanimous vote and had abstentions.

Student Issues & Feedback

No issues for this meeting.

Old Business

1. Policy Exam Disruptions – Adam Weinstein, MD

- i. Adam explained that a couple students approached him with feedback on the policy. The feedback was with regards to the procedure of the policy. Many of the students were unaware that they had to request a retake on that same day.
- ii. Discussion
 - a. One member asked if absence due to illness was covered within this policy, and Adam clarified it is not with the exception if a student's gets sick while taking the exam, then that is a disruption.
 - b. John Dick raised a point of concern that if he or Virginia Lyons were not available for 24 hours, then they would not see the email and be able to make the decision as promptly. This could be addressed by allowing the time stamp of when the student communication occurred to be the deciding factor (rather than when it is received).
 - c. A member suggested having an online form that students can fill out and they can check the option on whether or not they want to retake the exam, and then that can automatically send to the respective Associate Dean. This was felt to be a good idea and something the Clinical Education and Preclinical Education offices could work together on to put in place for the future.
 - d. One member asked if it was possible to say a brief statement of the policy before every shelf exam so the students are aware.
 - e. One member brought concern with the time stated on the policy and how sometimes, exams could be outside of the time currently stated in the policy. It was discussed and proposed changing the time to 5:00 p.m. in the policy.

Christiaan Rees made a motion to approve the UME-CNTRL-0009 Policy Exam Disruptions with amending the time on the policy from 4:00 p.m. to 5:00 p.m. and add a third line in to state a

brief version of the policy prior to preclinical and clinical exams. The motion was seconded by Eric Loo. The motion passed by unanimous vote.

Action Items

1. Update Policy changing 4pm to 5pm
2. Update Procedure (accept the proposed additional 3rd step in the Procedure)
3. Update Procedure with an additional step, stating that the policy should be read or made available at the time of every final exam and shelf exam so the students are aware.
4. Clinical Education and Preclinical Education offices may choose to create an online form that students can fill out and they can check the option on whether or not they want to retake the exam, and then that can automatically send to the respective Associate Dean.

New Business

1. NBME Subject Exam Grading Policy –*John Dick, MD & Alison Ricker, MPS*

- i. John summarized that there was no big change to the policy, but one thing is that it has been tricky to decide what quarter to use to grade students from the NBME tables that the clinical education office receives. They have long held with 5th percentile or lower, with this being something that faculty and students on this committee felt like was a fairly low enough score (that we would be concerned about the students future ability to pass step 2 and it would be concerning enough of what their retainment of medical knowledge is within a particular field). The other reason they use percentiles and not the equated percent correct score , which is a two digit score, is this allows them to look at when in the year the student takes the exam, and it is well documented that students who are doing the exam earlier in the year, may do a little less well than the student who has accumulative knowledge even though it was not in that particular clerkship at the end of the year, so the NBME nicely breaks it up for cohorts of students in particular quarters, so by using percentiles they can assess it for students depending on the time of year they are taking the clerkship.
- ii. Discussion
 - a. One member asked if it was specified in this policy on what table is being used. A guest suggested writing in the policy “the most recent table that was available at the start of the academic year.” John clarified to the MEC that the NBME releases a new table in October, and they felt it was unfair if they would be using two different cohorts to grade the students.
 - b. One member asked that with regards to the Neurology clerkship, and some people take it as a third year and some people take it as a fourth year, does this impact the query of this decision. John said he would look into it.

Brooks Robey made a motion to approve the updated UME-CURR.CE-0004 NBME Subject Grading Policy and to add the clarification on the table to be “the most recent table that was available at the start of the academic year.” The motion was seconded by Joe Minichiello. The motion passed by unanimous vote with abstentions.

Action Items

1. Update Policy with amendment “the most recent table that was available at the start of the academic year.”

2. Phase 2: Family Medicine Clerkship – *Leah Matthew, MD, Jessie Reynolds, MD, John Dick, MD, and Scottie Eliassen, MS*

- i. Leah Matthew summarized the action items slide from the powerpoint. John clarified that the biggest thing for family medicine is they use multiple different sites, and by definition there will be variation depending on the sites you go to. Making that clear to students and they want this to be standardized in the really important areas.
- ii. Discussion
 - a. There was no discussion.

Larry Myers made a motion to approve CFM 306 Family Medicine Clerkship (Phase #2). The motion was seconded by Sarah Banerji. The motion passed by a unanimous vote.

3. Phase 2 & 3: Y3 & Y4 Essential Skills and Conditions – John Dick, MD

- i. Adam summarized that if you combine all the skills and conditions together, these are all the skills and conditions students should learn in their clerkships. Adam mentioned that every couple years they review the list in total, and they are also review in the context of each clerkship. John continued to explain that they need to be documented at least one time that someone has evaluated you doing it to the level it has been set at, whether that is assist or manage with assistance. John mentions that they continue to make sure that this is a manageable list.
- ii. Discussion
 - a. A member mentioned that John has charged all the clerkships with reviewing this very carefully, to be sure that they were not asking too much of the students in a shortened period of time. Though they might vote on this now, it is possible that the clerkships may come back and ask to have this be modified.
 - b. One member asked if there was a way to ensure that when a student gets to the end of their clerkship, they have met all the skills and conditions of that specific clerkship. John clarified that the job of clerkship directors and associate dean is to oversee that. John said that all students meet 100% of them.
 - c. A member asked if there was anything around essential skill and condition for palliative care within the list, as she did not see palliative care within the list.
 - d. One member asked if it was a skill to recognize and address ethical conflicts. John answered that it is not one of the skills on this list and not currently expected in the context of a particular clerkship. This skill may be suited for a separate session and not on this list.
 - e. One member asked if this is the list where the Arterial Blood Gas skill will be discussed and thought it would be helpful to review the list in a lens to be sure all applicable critical care/acute care skills are included.
 - f. One member asked what is the best mechanism to use if they review this list and changes are made. John said to talk to him, then they will bring it back to the committee.

Eric Loo made a motion to approve Y3 & Y4 Essential Skills and Conditions (Phase #2 & 3#). The motion was seconded by Joshua Ramos. The motion passed by a unanimous vote with abstentions.

4. Phase 1: Foundations of Medical Science and Practice: Application to Cancer – Larry Myers, PhD

- i. Virginia Lyons summarized the MEC recommendations page on the bottom of the foundations document. Larry Myers summarized the action plan.
- ii. Discussion
 - a. There was no discussion.

Christiaan Rees made a motion to approve MDFD 111 Foundations of Medical Science and Practice: Application to Cancer (Phase #1). The motion was seconded by Linda Morris. The motion passed by a unanimous vote with an abstention.

5. Block 5 Course Schedule – Adam Weinstein, MD

- i. Adam summarized block 5 and block 6 with the intent to introduce moving the Rheumatology & Orthopedics course into block 5. Block 6 is currently Neurology, Psychiatry, Rheumatology & Orthopedics and is a 15 week course block, and then this would shrink it down to a 12 week course block with this change. Block 5 has Renal and Dermatology and is currently a 6 week course block and would increase to 9 weeks. Adam mentioned that there is definite synergies by putting Rheumatology & Orthopedics together with Neurology as was the original plan. But with Dermatology and Renal, there is limited synergies of those two courses, and adding Rheumatology & Orthopedics would actually enhance the potential integrative potential in Block 5 as well. Adam mentioned this proposal was discussed with the leaders of Rheumatology & Orthopedics, the Neurology course, the registrar, financial aid team, and Department of Medical Education staff. Logistically all felt the switch would be possible but would need to be decided on soon.
- ii. The main benefit of the switch was that in 6 weeks, 74 hours of Renal course content would be quite compressed and preparation/work would be intensive for the students, without much time to consider, integrate, and solidify concepts before moving on to additional content. The Neurology course director did not believe this would be a problem if their course schedule included the same number of course hours, but in 12 weeks rather than 15 weeks.
- iii. Discussion
 - a. One member asked about the schedule with regards to where Psychiatry would start, and Adam answered it would start two or so weeks earlier than it currently does.
 - b. Adam expressed concern that students would focus on just the Renal course and not focus on Dermatology with the workload and distribution as currently in place. By putting Rheumatology and Orthopedics, it would help prevent that.
 - c. One member expressed concern that they were changing one packed course renal, to another packed course that is Neurology and was interested in how the student members would perceive this. Referring to the prior discussion, the Neurology course leader did not believe the course would seem packed in 12 weeks, though all acknowledged that renal and neurology are two very challenging subjects.
 - d. The student members reflected that they believed the 6 week timeframe would be very challenging for the Renal course. The current 2nd year Renal course is 5 weeks long, and so 6 weeks with all of the content from 1st year Renal, 2nd year Renal, plus the longitudinal curriculum would be even more difficult. Likewise, it was noted that the 12 week timeframe for Neurology would be in addition to a week off over Thanksgiving and two weeks during late December (so there would be 15 calendar weeks, and 12 school weeks for Block 6 still).

Linda Morris made a motion to approve Block 5 Course Schedule change, adding Rheumatology & Orthopedics to Block 5. Block 5 would begin with Renal and Dermatology, and transition to Renal and Rheumatology/Orthopedics. The motion was seconded by Joe Minichiello. The motion passed by a unanimous vote with 1 abstention.

6. Final Exam Integration and Block 4 Final Exam – Leah Montalbano, MPA

- i. Larry Myers provided context that in final exams when courses are combined, it is hard to get a representative group of questions to the students that cover all the material, and that this was due to limitations on class time. Larry and Steve Bensen would like to offer separate benchmark exams and a separate final exam on a separate day from the other course (reproductive medicine course). Larry felt this would allow an adequate number of questions and time for assessment. Steve echoed what Larry had originally stated. The concern being that having a shared Final Exam time with reproductive medicine, there would not be sufficient number of questions to assess the GI/Nutrition/Metabolism content.
- ii. Discussion
 - a. A member asked if this was unique for this block or would this apply to every other block. The group discussed that currently is coming up in Block 4, but other course leaders may feel it applies to their content as well and it may be ideal for this to be evaluated by the Geisel Assessment Oversight committee together with the MEC as courses unfold.
 - b. Larry further explained how the benchmarks would work with the courses they are paired with, and how the new final would work within the schedule.
 - c. One member asked if this is getting overwhelming support, why not have this structure going forward. Initially, the MEC's goal was to have an integrated final exam and there was good support and reasoning for that, so if everything is split back apart, then we would lose some of those benefits.
 - d. A member expressed that this is a transition time for the new curriculum, and that building on past strengths and doing things in increments; But to look at courses that do integrate well together, even if there is a disconnect within the courses.
 - e. One member mentioned to continue to focus on the success of having the teaching to be more integrated, also while integrating the exams when applicable and possible.

James Saunders made a motion to approve the motion to allow separate exams for GI/Nutrition/Metabolism and Reproductive Medicine. It was seconded by Brooks Robey. The motion passed by a unanimous vote with 1 abstention.

Adjournment

Adam Weinstein, MD

Adam Weinstein, Chair, adjourned the meeting at 5:45 P.M.

Ongoing Business

- Evaluation Oversight Committee
- LCME Oversight Committee
- ABG Interpretation

Future Meetings

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

- February 18, 2020
- March 17, 2020
- April 21, 2020
- May 19, 2020
- June 16, 2020
- July 21, 2020