

Meeting Date: Wednesday, March 25, 2020
Time: 10:00 A.M. – 12:00 P.M.
Meeting Location: Zoom
Approval: April 21, 2020
Recorded By: Jillian Marcus

Attendance

Present = X, Absent = 0

Faculty Voting Members

Ahmed, Nayla (Clinical-Medicine)	X	Ames, James (Preclinical & Clinical-Orthopedics)	X	Chow, Vinca (Clinical-Anesthesiology)	0	Crockett, Sarah (Clinical-Emergency Medicine)	X
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)	X
Myers, Larry (Preclinical, Medical Education)	0	Nelson, Bill (Preclinical-Psychiatry)	X	Robey, R, Brooks (Preclinical & Clinical-Renal; Faculty Council)	0	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	0	Cheema, Amal	0	Hanley, Meg	X	Morris, Linda	0
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Year 2

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

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

Year 4

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

MD/PhD

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

Albright, Amanda (Instructional Designer)	X	Borges, Nicole (Chair, Dept. of Medical Education)	0	Brown, Lin (Preclinical – SBM Co-Director)	X	Dick III, John (Clinical - Associate Dean Clinical Curriculum)	X
Eastman, Terri (Preclinical - Director, Preclinical Curriculum)	0	Eidtson, Bill (Director, Learning Services)	X	Fountain, Jennifer (Assessment)	X	Holmes, Alison (Associate Dean, Student Affairs & Support)	X

Jaeger, Mikki (Registrar)	X	Kerns, Stephanie (Director, Biomedical Libraries)	X	Lyons, Virginia (Preclinical - Associate Dean Pre-Clinical Curriculum)	X	Marcus, Jillian (Administrative Support, UME Affairs)	X
Manning, Hal (Preclinical – SBM Co-Director)	X	McAllister, Steve (Director, Educational Technology)	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)	X	Reid, Brian (Associate Director, Educational Technology)	X
Ricker, Alison (Clinical - Director, Clinical Curriculum)	X	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)

Call to Order

Adam Weinstein, MD

Adam Weinstein, Chair, called the meeting to order at 10:00 A.M.

Announcements

Adam Weinstein, MD

None.

New Business

1. How to innovate 3rd year clerkships so students impacted by the rotation suspension will meet objectives and requirements – John Dick, MD

- i. John summarized the meetings he had been having with the different clerkship directors. He mentioned the 4-week, 6 weeks, and 8 weeks were put on suspension of clinical activities a week ago yesterday. He said it is unclear how long they will have a clinical suspension for, which is what is making it difficult for everyone involved with the planning they want to do with it. The LCME has been active in providing recommendations to schools. Administrators and clerkship directors are sharing different ideas from different medical schools as well.

- ii. The 3rd year MEC representatives created a form, which looked at each of the clerkships learning objectives and for each one, made a suggestion as to whether that objective could be accomplished through remote learning methods or needed in person clinical learning methods. This was shared with all the clerkship directors and felt it would provide a useful framework. John said that each clerkship is looking at their learning objectives and seeing how students could meet those, as well as with the essential skills and conditions. He said that all clerkships are working on getting together virtual learning experiences which will range from approx. 1-3 weeks and will count towards the ultimate number of weeks that the students will need to complete in the future. Currently, all of the clerkships except one plan to have students do an additional 1-3 weeks once direct clinical care can start again.
- iii. Discussion
 - a. A member asked about possibly shortening the current clerkships. John answered that they are looking at the need to do further reductions in the clerkship times and for the clerkships currently running in this year, that is part of the plan for fewer weeks for those clerkships.
 - b. One member raised a point that from the LCME standpoint for essential clinical conditions, they make no distinction between in person versus virtual experiences.
 - c. A member raised the idea that telemedicine experiences may allow some students to achieve additional objectives and skills, even while in person learning is suspended. It was agreed this should be looked into if in person learning suspension continues.
 - d. Adam showed and explained the document that has been put together by the 3rd year students with the different clerkships with regards to what students can do remotely versus clinically in person. Adam mentioned that the clerkships and their evaluations are highly based on clinical performance and it might be challenging for them to distinguish an honors level performance when so much of this will be done remotely. John met with all of the clerkship directors and noted that for those students who are impacted by the clinical suspension may need to have pass/fail grading.
 - e. A member asked how moving the clerkship grading to pass/fail will impact the quartiles that are typically reported in the MSPE. It was answered that a lot of medical schools have gone to pass/fail within this current situation, and residency programs will have this same context in the situation. The MSPE will be quite clear that these clerkships, during these dates, were taken Pass/Fail rather than H/HP/P/F, so that residency programs will not be able to misinterpret.
 - f. One member asked how the Sub-I's will be graded. John mentioned that they will likely have be able to look at these on an individual basis. For now, sub-Is are being postponed as the direct in person clinical care is so essential. This is the case on a national basis.

James Ames made a motion to approve that all the clerkship students be assessed on a pass/fail basis while direct in person clinical care is suspended. The motion was seconded by Christiaan Rees. The motion passed by a unanimous vote.

2. Should current 3rd year students have their clinical elective requirements adjusted?

- i. It may become more difficult for M3s to achieve their clinical elective requirements as currently clinical electives are not available, and most M3s will have some clerkship responsibilities to make up during their 4th year.
- ii. One member raised a point of potentially applying the same adjustments to the current M3s that were made at our previous MEC meeting with respect to the M4s.
- iii. It was also brought up that many 3rd year students have taken a lot of non-clinical electives already, and in particular, those that were recommended to begin their 3rd year with a reading/study elective to study for Step 1. Because they do not have the opportunity to sign up for clinical electives right now, and because they will need to have some clerkship responsibilities in their 4th year, it may prove challenging to achieve the 12 clinical elective credit requirement. Therefore it was proposed to reduce the amount of clinical requirements from 12 to 8 to account for this gap in time.
- iv. John made the clarification that there is no cap on how many non-clinical electives that students can take. Rather the issue to discuss is whether students can achieve and/or need to achieve the 12 clinical elective credit requirement.
- v. Multiple members raised the same concern that it is too early to change requirements for the 3rd years. It is unclear how long clinical suspensions will last. If they continue for another few months then this would need to be considered, but it may not be needed to be adjusted just yet.
- vi. A solution shared would be to encourage 3rd year students who now have time to schedule to enroll in the non-clinical objectives during this time. These will be productive experiences either way and if it becomes difficult to reach the 12 clinical elective requirement, we would need to have to consider the proposed adjustment in the future.
- vii. One member asked if there is a way to create clinical electives through telemedicine. Alison Holmes that AAMC has drafted guidance on student involvement in telehealth and student involvement going forward.
- viii. A member asked if they can do non-clinical electives simultaneously with any other remote experiences. John answered that they can make this happen.

James Saunders made a motion to table decision on 3rd year clinical elective requirements to see how things unfold and consider it strongly for the future if clinical learning suspension continues. In the meantime encourage students to enroll in non-clinical electives that would be of interest and productive for them. We will bring this up by April 15th or the time of the next MEC meeting. The motion was seconded by Paul Hanissian. The motion passed with one no vote, and one abstention.

3. Any revisions need to be made to the USMLE policies based on delays in scheduling as testing centers are closed spring 2020 – John Dick, MD

- i. Adam summarized that right now they want to talk about the timing and implications related to these policies given that testing centers are now closed.
- ii. Discussion
 - a. John summarized that they are looking to change the current Step 1 Policy as it will be hard for the current M2 students to take Step 1 before their first clerkship given testing center closure.
 - b. One member mentioned that there are several schools that allow students to start their clerkships without having to take Step 1 yet.
 - c. A member mentioned that if they do change the policy, they would have to think about what to do with the 6-week block that is currently being offered before the Step 1 exam.
 - d. A member asked if it would be possible to have this set up as a 6-week experience, anytime during Phase 2, so the students have the option of when they would take it within their 3rd year. So the students would enroll in a 6 week reading period prior to taking Step 1.
 - e. This seemed like a good idea but we would need to confirm with financial aid and the registrars office with having to define terms and what year the student is.
 - f. One member expressed concern of having a deadline of when the students should take this exam by. Alison Holmes said that it would be helpful to have the pass on the Step 1 score by the time their MSPE and 4th year applications i.e. Having the exam taken by the second June 15th of their Phase 2.
 - g. One member noted we would need to continue our practice of coaching students who are risk to fail or struggle with Step 1 and ensure they are taking it earlier enough and given sufficient study time. John confirmed we will continue this practice to help ensure our students' success on Step 1.

James Saunders made a motion to the first bullet of the policy UME-CNTRL-0001 Step 1 Policy would be "all students must take Step 1 prior to the second June 15th in Phase 2. The motion was seconded by Michael Sramek. The motion passed by a unanimous vote and is applicable for the current M2 class. We will revisit the policy shortly to decide on the same matter for the M1 class.

There are closing delays impacting Step 2 CK and CS. In particular Step CS is currently scheduling 7 months in advance (next available slot is November). It seems likely students will not be able to all enroll by December 15th as per the current policy. After brief discussion, it was decided to Table discussion about adjusting the Step 2 Policy to a future MEC meeting this spring.

Adjournment

Adam Weinstein, MD

Adam Weinstein, Chair, adjourned the meeting at 11:49 A.M.

Ongoing Business

- Evaluation Oversight Committee
- LCME Oversight Committee
- ABG Interpretation
- USMLE Step 1 Policy
- USMLE Step 2 Policy
- 3rd Year student clinical elective credit requirements

Future Meetings

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

- April 21, 2020
- May 19, 2020
- June 16, 2020
- July 21, 2020
- August 18, 2020
- September 15, 2020