

Meeting Date: Tuesday, January 19, 2021
Time: 4:00 – 6:00 p.m.
Meeting Location: Zoom
Approval: February 16, 2021
Recorded By: Jillian Marcus

Attendance

Present = X, Absent = 0

Faculty Voting Members

Ahmed, Nayla (Clinical-Medicine)	X	Boardman, Maureen (Preclinical & Clinical- Family Medicine, Community Preceptor Rep)	X	Chow, Vinca (Clinical-Anesthesiology)	X	Crockett, Sarah (Clinical-Emergency Medicine)	X
Hanissian, Paul (Preclinical & Clinical- Obstetrics and Gynecology)	X	Hartford, Alan (Clinical-Medicine)	0	Homeier, Barbara (Preclinical- Pediatrics)	X	Loo, Eric (Preclinical-Pathology)	X
Matthew, Leah (Clinical-Family Medicine)	0	Myers, Larry (Preclinical- Medical Education)	X	Nelson, Bill (Preclinical - TDI)	X	Robey, R, Brooks (Preclinical & Clinical- Medicine; Faculty Council Rep)	X
Saunders, James (Clinical-Surgery)	X	Sorensen, Meredith (Clinical-Surgery)	X	Weinstein, Adam (Chair; Preclinical & Clinical- Medical Education)	X		

Student Voting Members Year 1

Carhart, Briggs	X	Fitzsimmons, Emma	X	Thomson, Chris	X	Xu, Jane	X
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Year 2

Banerji, Sarah	X	Cheema, Amal	X	Hanley, Meg	X	Morris, Linda	X
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Year 3

Bertalan, Mia	0	Demsas, Falen	0	Lindqwister, Alexander	0	Minichiello, Joe	X
Sramek, Michael	0						

Year 4

Bachour, Kinan	0	Bessen, Sarah	0	Bhushan, Vivian	0	Del Favero, Natalie	0
Guerra, Sylvia	X	Morgan, Allie	0	Stanko, Kevin	X	Warren, Celestine	0

MD/PhD

Chidawanyika, Tamutenda	0	Kamal, Yasmin	0	Keim, Abigail	X	Reiner, Timothy	X
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Non-Voting Members

Albright, Amanda (Instructional Designer)	0	Borges, Nicole (Chair, Dept. of Medical Education)	X	Dick III, John (Interim, Senior Associate Dean for Medical Education)	X	Dick III, John (Clinical - Associate Dean Clinical Curriculum)	X
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Eastman, Terri (Preclinical - Director, Preclinical Curriculum)	X	Eidtson, Bill (Director, Learning Services)	0	Fountain, Jennifer (Assessment)	X	Holmes, Alison (Associate Dean, Student Affairs)	X
Jaeger, Mikki (Registrar)	X	Kerns, Stephanie (Director, Biomedical Libraries)	X	Lyons, Virginia (Preclinical - Associate Dean Preclinical Curriculum)	X	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)	X	Mullins, David (Chair, Geisel Academy of Master Educators)	X
Pinto-Powell, Roshini (Associate Dean, Admissions)	0	Reid, Brian (Associate Director, Educational Technology)	X	Ricker, Alison (Clinical - Director, Clinical Curriculum)	X	Wu, Diana (Interim, Associate Dean, Diversity, and Inclusion)	X
Shoop, Glenda (Associate Dean, Evaluation and Assessment)	X						

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

Tersio, Isabelle	X	Conn, Stephen	0				
Vice Chairs for Academics – Student Government							
Guerra, Sylvia	X	Lindqwister, Alexander	0				

Guest(s)

Nick Ryan	Mary Chamberlin	Alex Fuld			

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.

Approval of Meeting Minutes

Adam Weinstein, MD

Approval of November meeting minutes.

Eric Loo made a motion to approve the November 2020 MEC meeting minutes. The motion was seconded by Maureen Boardman. The motion passed by a unanimous vote.

Student Issues & Feedback

None.

Old Business

1. **Geisel Assessment Oversight Committee (GAOC) Charge – Glenda Shoop, PhD**
 - i. Glenda summarized the updates to the MEC.
 - ii. Discussion
 - a. Multiple members raised concern over the verbiage in the “responsibility” section of the charge: “Require input and shared consensus from the course, clerkship, and elective directors, as applicable, on all major policy decisions.” A suggestion to change some of the language was, “require input and honor opinion,” to replace “require input and shared consensus.” The concern was shared consensus would make it unclear which body is making the curricular decisions—the GAOC/MEC or the course/clerkship leaders. Another suggestion that was made was, “require collaborative input and honor opinions.”
 - b. One member brought up working collaboratively with the GAOC on the accountability so not every minor item gets brought forward to the MEC. The same member mentioned a vote of confidence or no confidence among course/clerkship leaders be established so it would encourage more collaboration between the course leaders and GAOC. Another member felt this may impair collaboration and as with “shared consensus” make it unclear which body is making the curricular decisions.
 - c. One member clarified that faculty members on the GAOC should be excluded from voting on appeals or decisions regarding their own course and suggested to add that to the wording.
 - d. Glenda brought up the membership and asked for the thoughts of the MEC. One member asked about having representation from the different clinical performance sites proportionate to the amount of presence that the students spend at those sites. John Dick mentioned that he liked this idea, but he does think that the overarching clerkship directors are responsible for all their sites and do talk to the different sites as it is part of their clerkship director role to doing the site comparability work. He continued to mention he believes it could be covered by a clerkship director who has knowledge of those sites.
 - e. A couple members mentioned the possibility of individuals being uncomfortable to speak or vote on phases they are not involved in or informed on. i.e., a Phase 1 leader voting on evaluation in a clerkship. As there are 4 faculty representing each phase as well as 4 students, as well as ex officio members, it was felt this was not an obstacle as there were plenty of members who could speak experientially about the context of the phase and participate in the assessment discussions.
 - f. Multiple members felt it would be appropriate to add LCs into the Responsibilities section related to assessment tools, vetting, mapping.
 - g. At the end of the discussion, members were still not clear on the accountability section regarding, “If a course, clerkship, LC or elective director has a conflict with a GAOC decision, the leader may request the decision be taken forward with the MEC.” How do we make this an “exceptional” circumstance? Is there a vetting in between before it goes to MEC?

James Saunders made a motion to table the GAOC charge so we could update the Responsibilities and Accountability section. The motion was seconded by Sylvia Guerra. The motion passed by a unanimous vote.

New Business

1. Grade Appeal Policy – John Dick, MD

- i. John Dick summarized the policy updates which centered around including grade narratives so students have a clear procedure on how to request/appeal for these to be updated. The updates also discussed Level 3 of the policy which has been challenging to implement successfully as stated.
- ii. Discussion
 - a. A member mentioned that when an appeal is made to level three, there should still be some effort in trying to get several people in the same field to assist the GAOC in the conversation about the grading (as the input from the same field could be valuable). John said that at the clerkship directors meeting, they discussed the idea of, “do they really need a surgeon to weigh in on a surgery clerkship question or could someone from OB-GYN who understands how the clinical evaluations are done weigh in on that decision?” The clerkship directors felt that was reasonable. Other members of the MEC agreed.
 - b. One member mentioned making it clear in the policy that there are students on the GAOC committee so that students who are appealing recognize that other students may be involved in that decision making. To address this, we updated the policy so the appeals at the Level 3 point would be made anonymous. This is helpful for all involved at this level, faculty, and student, as it would address the potential for any biases.

James Saunders made a motion to approve UME-CNTRL-0005 Grade Appeal Policy. The motion was seconded by Nayla Ahmed. The motion passed by a unanimous vote with 2 abstentions.

2. Clerkship Grading – John Dick, MD

- i. Adam Weinstein reminded the MEC that just under a year ago, the MEC met in the context of the pandemic and approved the clerkships to be pass/fail for the current academic year as there would be limited opportunity to assess students sufficiently to differentiate between H/HP/P performances.
- ii. John Dick shared that this topic was brought up again at the clerkship director's meeting in January, to discuss how the year went and what their recommendation would be for the next academic year, 2021-2022. The clerkship directors felt unanimously that they should continue with pass/fail for the upcoming academic year as the ability to differentiate between H/HP/P performances remains impaired and likely will not be back to the pre-pandemic context in the upcoming academic year. There was an understanding that this decision is only for the upcoming academic year, and not in perpetuity. Not all clerkship directors were certain whether this would be helpful for perpetuity but agreed it would be worth discussing further and considering next academic year.
- iii. John Dick mentioned they looked at when students go to apply to programs, how will it compare to the other schools. He said there has been a wide difference over many years of what different schools do in terms of their grading scale and so it doesn't appear this will impact our students.
- iv. This proposal to make clerkships Pass/Fail for the 2021-2022 academic year does not apply to sub-internships or electives. Sub-internships remained on an H/HP/P/F system for 2020-2021 and would remain that way for 2021-2022.
- v. Discussion
 - i. One member raised a concern with residency applications and seeing "honors, high honors," on their application as it does have an impact for some residency programs. This concern is alleviated a bit because sub-internships and some electives would still have a H/HP/P/F system to help distinguish learners in the applicable fields.
 - ii. A member mentioned that from a student perspective, the learning experience was quite different on pass/fail clerkships versus a clerkship with honors, high pass, pass, etc. The student mentioned that a strength of a pass/fail system is they felt less pressure to perform socially, and it allowed them to ask questions that helped fill their knowledge gaps. This member also mentioned a potential to survey current third- and fourth-year students and see what their experiences are since they have experience pass/fail and the grading system.

Paul Hanissian made a motion to approve Year 3 and Year 4 Clerkships being pass/fail for the upcoming 21-22 academic year. The motion was seconded by James Saunders. The motion passed by a unanimous vote.

3. Preclinical Contact Hours Policy – Virginia Lyons, PhD

- i. Virginia Lyons summarized the policy and mentioned she wanted this policy brought forward to the MEC to see if the contact hours should be adjusted based upon the feedback they received from students on the ISA (for the LCME) about some dissatisfaction about time for self-directed learning. Virginia opened up discussion so the M1 and M2 MEC representatives could share their perspective.
- ii. Much of the discussion focused on flexibility for self-directed experiences. For example, they might desire shadow experiences in the OR but these are typically in the morning, when there are classes. Other perspective discussed was about implementation with schedules changing last minute, or gaps between classes (e.g., a class from 8a-9:50a; then another from 11a-11:50a).
- iii. Some of the M1 representatives were not clear as to what is considered a contact hour vs preparatory hour vs work hour and that they were not being used consistently across blocks.
- iv. Much of the discussion suggested it may be helpful to have a consistent implementation and interpretation of this policy across blocks.

ACTION STEP:

- v. Given the above, Adam Weinstein suggested Virginia Lyons meet with a subgroup to gather input on:
 - i. Whether any updates to the policy were needed, vs.
 - ii. Would consistent implementation of the policy, incorporating some of the students' suggestions as applicable, provide the necessary improvements vs.
 - iii. Or some combination of both of those things.
 - iv. He asked this subgroup include a couple Phase 1 students and Phase 1 course leaders and meet later in January or early February so we could rediscuss this policy at the February MEC meeting.

4. Clinical Workload Policy – John Dick, MD & Alison Ricker, MPS

- i. John summarized the update to the policy.

Nayla Ahmed made a motion to approve UME-CURR.CE-0001 Clinical Workload Policy. The motion was seconded by Sylvia Guerra. The motion passed by a unanimous vote.

5. Oncology – Mary Chamberlin, MD & Alex Fuld, MD

- i. Adam summarized the recommendations on the course review document and Alex summarized the action item plan.
- ii. There was some discussion regarding a proposed 13th objective for this LC however it felt this was applicable more broadly to any serious or critical illness and was covered in various clerkship and sub-internship objectives.

Brooks Robey made a motion to approve the Oncology Longitudinal Curriculum with removing objective #13. The motion was seconded by Eric Loo. The motion passed by a unanimous vote.

6. Race and Health Equity – Diana Wu, MD

- i. Adam summarized the recommendations on the course review document and Diana summarized the action item plan.

Sylvia Guerra made a motion to approve the Race and Health Equity Longitudinal Curriculum. The motion was seconded by Amal Cheema. The motion passed by a unanimous vote.

Adam Weinstein, MD

Adam Weinstein, Chair, adjourned the meeting at 5:55 P.M.

Ongoing Business

- Evaluation Oversight Committee
- Assessment Oversight Committee
- LCME Oversight Committee
- ABG Interpretation
- Phase 3 Subcommittee

Future Meetings

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

- February 16, 2021
- March 16, 2021
- April 20, 2021
- May 18, 2021
- June 15, 2021
- July 20, 2021