

Meeting Date: Tuesday, March 16, 2021
Time: 4:00 – 6:00 p.m.
Meeting Location: Zoom
Approval: April 20, 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)	0
Matthew, Leah (Clinical-Family Medicine)	X	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	0
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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	X	Demas, Falen	0	Lindqwister, Alexander	X	Minichiello, Joe	X
Sramek, Michael	X						

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	

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	Eidson, 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	Vacant (Associate Dean, Diversity, and Inclusion)	0
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	X				

Guest(s)

Cathy Pipas	Marc Hofley	Nick Ryan	
Mary Beth Dinulos			

Call to Order

Adam Weinstein, MD

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

Announcements

Adam Weinstein, MD

None.

Approval of Meeting Minutes

Adam Weinstein, MD

Approval of February meeting minutes.

Bill Nelson made a motion to approve the February 2021 MEC meeting minutes. The motion was seconded by Tim Renier. The motion passed by a unanimous vote.

Student Issues & Feedback

None.

Consent Agenda

- GAOC Charge
- Preclinical Contact Hours Policy
- Preclinical Attendance Policy

Barbara Homeier made a motion to approve the consent agenda. The motion was seconded by Meredith Sorensen. The motion passed by a unanimous vote with 1 abstention.

New Business

1. Principles of Assessment Policy – Glenda Shoop, PhD & Leah Montalbano, MPA

- i. Glenda summarized the policy to the MEC.
- ii. Discussion
 - a. One member asked if the students experienced assessment as it is outlined in the policy. A student answered that it depends on the clerkship itself and the rotation site. The student mentioned that at some sites, there are continuous sorts of assessments with more assignments, as well as get feedback from your attendings quickly. On the contrary, there are some rotations where it has been more difficult to get a sense of how you are doing from an assessment purpose. The same student continued to mention that the NBME shelf exam helps to provide information on how you are doing.
 - b. Another student mentioned, “having a growth mindset in the context of failure,” is something they believe should be improved upon. The student explained the thinking of a subjective experience of “I did this bad thing” when one fails, not “I should grow in this particular way or need to work on this material versus this material.”
 - c. One member mentioned that in the Preclinical years, the timing of getting assessed is not always as consistent as they might like it to be. When asked about the timing, the member mentioned that some course leaders are very timely in getting the assessments back, and others take a little bit longer, so some students do not know how they did on a formative exam when they are taking another exam.
 - d. Virginia Lyons highlighted two things within the policy that have been successful. The first was there is more uniformity to the grading in Phase 1, and the second was there are frequent formative exams as opposed to one exam at the end. Another highlight of the policy that was mentioned was the blueprinting of assessment.
 - e. Someone suggested adding into the policy a 6th principle which related to a “Commitment to fostering an assessment system that supports a personal and community growth mindset/values personal growth, development, and improvement.”
 - f. One member expressed concern about over emphasis on consistency because of how different the courses can be in medical school. Glenda mentioned that there is always this tension between standardization and adaptation (allowing it to be nimble enough for course leaders to adapt within their course). There was also a question posed of what group of stakeholders make the decision on the consistency.

Barbara Homeier made a motion to table UME-CNTRL-0013 Principles of Assessment policy so that it could be updated to include a 6th principle related to “Commitment to fostering an assessment system that supports a personal and community growth mindset/values.” The motion was seconded by Leah Matthew. The motion passed by a unanimous vote with an abstention.

2. Longitudinal Curriculum (LC) Review: Genetics – Mary Beth Dinulos, MD & Larry Myers, PhD

- i. David Mullins summarized the LC review document.
- ii. Larry summarized the Course Leaders plan based on the strengths and recommendations.

Brooks Robey made a motion to approve Genetics. The motion was seconded by Mike Sramek. The motion passed by a unanimous vote with an abstention.

3. Longitudinal Curriculum (LC) Review: Leadership and Professional Development – Cathy Pipas, MD, MPH

- i. David summarized the LC review document.
- ii. Cathy summarized the Course Leaders plan based on the strengths and recommendations.
- iii. Discussion
 - a. One member asked how Cathy receives feedback from students and how does that feedback get integrated. They receive feedback in the evaluations, just like courses. One of the downsides of the evaluation is that not everything is labeled as coming from the Leadership and Professional Development LC, so students might not be aware that specific content is from the LC. David also mentioned there is an evaluation for the LC content that is sent to students.

Maureen Boardman made a motion to approve Leadership and Professional Development. The motion was seconded by Bill Nelson. The motion passed by a unanimous vote.

4. Longitudinal Curriculum (LC) Review: Substance Use and Pain – Manish Mishra, MD

- i. David summarized the LC review document.
- ii. Discussion
 - a. A member asked about giving the students the skills to manage narcotics overdose. David said he would pass the information onto Manish.

Sylvia Guerra made a motion to approve Substance Use and Pain adding in the plan to pass the suggestion about adding skills to manage narcotics overdose to Manish Mishra. The motion was seconded by Joe Minichiello. The motion passed by a unanimous vote.

5. Pediatric Clerkship – Frances Lim-Liberty, MD & Marc Hofley, MD

- i. John Dick summarized the clerkship review document and Marc Hofley summarized the action plan.
- ii. Discussion
 - a. A discussion developed about the last MEC recommendation which considered whether an Essential Skill re: Sexual History ought to be added, or whether this was covered under Adolescent Health Maintenance. Discussion considered that Sexual History may be needed in pre-adolescents, and even so, it is important to deliberately call out this topic so students can approach this topic specifically and achieve understanding how to have these conversations.
 - b. A member asked about the grading scheme structure that has been in place. The scheme was not discussed in depth as the clerkship has been pass/fail this year and will be next year, so the question relates to a past structure. It is acknowledged many students misinterpret the intention as the final grade in the clerkship as the lowest grade they achieve in their competency-based evaluations; conversely the framing is intended as the students must achieve a certain competence in each competency. If they don't achieve that competence in any competency, then they are not of a higher achievement level.
 - c. Given that Pediatrics and Neurology are the only two clerkships that have such a structure, and also that all the other clerkships have different structures and systems too, two other members pointed out that our Phase 2 assessment system may not be consistent with the Principles of Assessment, in particular the message about consistency. This brought back the idea that was brought up in that discussion about how much consistency ought to be emphasized when different fields each have different expectations and requirements.
 - d. It was decided this discussion was not about only the Pediatrics clerkship, rather all of Phase 2 and 3 assessments and would be discussed further with the GAOC and MEC at future meetings.

Mike Sramek made a motion to approve Pediatric Clerkship with the addition of adding essential skill: sexual history. The motion was seconded by Jim Saunders. The motion passed by a unanimous vote with an abstention.

6. Phase III committee recommendations – Leah Matthew, MD

- i. Leah summarized recommendations from the Phase 3 subcommittee. She first reviewed the approved Phase 2 structure in which all core clerkships would be 6 weeks so that surgery, pediatrics, and medicine are shortened by 2 weeks. This allows more elective time and allows Neurology to move into phase 2. The intention of this was to give students added opportunity to revisit surgery, medicine, and/or pediatrics at a more advanced level in Phase 3. Leah also mentioned that when the subcommittee reviewed this, their thought process was: *what do they want the students to have and know when they graduate?*
- ii. When describing the document Leah was presenting, she said they looked at, in addition to the Capstone course and Advanced Ambulatory Medicine clerkship (4 weeks), they grouped the additional requirements/structures into four general groupings.
 1. Foundational areas: Students must take 8 credits
 - a. This provides opportunity to revisit foundational and phase 1 science in the clinical context
 2. Critical Care or ER experience: students must take 4 credits
 - a. This provides an advanced opportunity in inpatient surgery, medicine, and/or pediatrics
 3. Professional Development/scholarship: students must take 8 credits
 4. Two subs; students must take 8 credits
 - a. This additional provides advanced clinical opportunities to revisit content cut in Phase 2 but in an advanced and hands-on manner, but flexible manner in the field(s) of the students' choice.
- iii. Discussion
 - a. One member asked when this phase III plan would take effect, and Leah said it is for the class of 2024 when they start their phase III.
 - b. A member asked what other medical schools are doing for phase III? John Dick answered that it is across the board for what other medical schools are doing across the country. John said he believes this brings us on par for what other medical schools are doing regarding number of credits.
 - c. The general sentiment was appreciation for this structure, but they wished for my time to review and consider it, to prompt additional discussion and potential approval at the April meeting.

***The MEC discussed the nominees for MEC Chair thoroughly, confirmed the benefits of voting for the new chair at this meeting, and Dr. Meredith Sorensen was elected the new MEC Chair by the voting members. ***

Adam Weinstein, MD

Adam Weinstein, Chair, adjourned the meeting at 6:44 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.

- April 20, 2021
- May 18, 2021
- June 15, 2021
- July 20, 2021
- August 17, 2021
- September 21, 2021