Dartmouth GEISEL SCHOOL OF MEDICINE

MEDICAL EDUCATION COMMITTEE
MEETING MINUTES

Meeting Date: February 28th 2024
Time: 4:00 – 6:00 p.m.
Meeting Location: Zoom
Approval: March 20th 2024
Recorded By: Amy Rose

Attendance

Present = X, Absent = 0

Faculty Voting Members							
Black, Candice (Department of Pathology and Laboratory Medicine)	X	**Boardman, Maureen** (Preclinical & Clinical- Family Medicine, Community Preceptor Rep)	X	**Castellano, Juliana** (Clinical -)	X	**Chamberlin, Mary** (Clinical - Medicine)	0
Guthiknoda, Kiran (Department of Anesthesiology)	X	**Hartford, Alan** (Clinical-Medicine)	0	**Hofley, Marc** (Clinical – Pediatrics)	0	**Homeier, Barbara** (Preclinical- Pediatrics)	0
Lee, Michael (Department of Medical Education)	X	**Matthew, Leah** (Clinical-Family Medicine)	X	**Marshall, Alison** (Clinical – Emergency)	X	**Sorensen, Meredith, Chair** (Clinical-Surgery)	X
Pellegrini, Vin (Department of Orthopaedics)	X	**Thesen, Thomas** (Department of Medical Education)	0	**Thompson, Rebecca** (Clinical – Neurology)	0		

Student Voting Members							
Year 1							
Dameron, Corbin	X	**Darling – Mena, Addie**	X	**Gayne, Alexys**	X	**O'Brien, Wade**	X
Year 2							
Hernandez, Eli	0	**Li, Kevin**	0	**Pfaff, Mairead**	X	**Plona, Kelsey**	0
Year 3							
Fong, Justin	0	**Gil Diaz, Macri**	0	**Maosulishvili, Tamar**	0	**Thomason, Helen**	0
Year 4							
Carhart, Briggs	X	**Cheema, Amal**	X	**Fitzsimmons, Emma**	X	**Thomson, Chris**	X
MD/PhD							
Emiliani, Francisco	0	**Zipkin, Ronnie**	0	**Marshall, Abigail**	X	**Reiner, Timothy**	X

Non-Voting Members

Albright, Amanda (Instructional Designer)	X	**Borges, Nicole** (Chair, Dept. of Medical Education)	X	**Chimienti, Sonia** Dean for Educational Affairs	0	**Dick III, John** (Clinical - Associate Dean Clinical Curriculum)	X
Eastman, Terri (Preclinical - Director, Preclinical Curriculum)	X	**Eidtson, Bill** (Assistant Dean, Student Success & Accessibility)	0	**Fountain, Jennifer** (Assessment)	0	**Vacant** (Associate Dean, Student Life)	0
Jaeger, Mikki (Registrar)	X	**Kerns, Stephanie** (Associate Dean, Health Sciences & Biomedical Libraries)	X	**Lyons, Virginia** (Preclinical - Associate Dean Preclinical Curriculum)	X	**McAllister, Steve** (Director, Educational Technology)	0
Vacant (Director, Assessment & Evaluation)		**Nelson, William** (Longitudinal Curricular Committee Chair)	X	**Pinto-Powell, Roshini** (Associate Dean, Admissions)	X	**Shaker, Susan** (Preclinical- Manager)	X
Thurber, Peter (Clinical - Director, Clinical Curriculum)	X	**Rose, Amy** (Administrative Support, UME Affairs)	X	**Cameron, Justine** (Director, Accreditation & CQI)	X		
McBride, Lisa (Associate Dean, Diversity, and Inclusion)	0	**Weissburg, Paul** (Associate Dean, Evaluation and Assessment)	X	**Levy, Campbell** (Phase 3 Director)	X		

Student Non-Voting Members **Diversity and Inclusion & Community Engagement (DICE)**							
Vice Chairs for Academics – Student Government							
Cheema, Amal	X	**Gil Diaz, Macri**	0				

Former MEC Student Members – Student Government							
Guest(s)							

Call to Order

Meredith Sorensen, MD Chair – Medical Education Committee

Meredith Sorensen, called the meeting to order at 4:02 pm.

Announcements

Meredith Sorensen, MD

1. March 20th MEC meeting hybrid at DHMC.
2. M1 Reps – GAOC & Phase 1 Subcommittee (update to come March MEC meeting)

Approval of Meeting Minutes

Meredith Sorensen, MD

Approval of January meeting minutes.

Vin Pellegrini made a motion to approve the January 2024 MEC meeting minutes. The motion was seconded by Candice Black. The motion passed with 1 abstaining.

Student Issues & Feedback

None

Consent Agenda

1. **Restructure of Phase 1 & Phase 2 Subcommittees** – Dr. Meredith Sorensen

Meredith Sorensen made a motion to expand the Phase 1 subcommittee membership to include all the course leaders and for the Phase 2 subcommittee to include all the clerkship directors. Seconded by Candice Black. The motion was passed with 1 abstaining.

2. **Renaming LC Vote** – Dr. Bill Nelson
    a. Cells, Tissues, Organs (CTO) → new name: Histology (HIST)
    b. Race & Health equity (RHE) → new name: Health Equity (HE)

Alison Marshall made a motion to accept renaming LC as outlined above. Seconded by Vin Pellegrini The motion was passed unanimously.

3. **"Eliminating" LC Vote** – Dr. Bill Nelson
    a. These LCs did not have leaders and very few contact hours, not eliminating any of the content that is already embedded in courses.
    b. Eliminated LCs:
        i. Substance Abuse & Pain
        ii. Leadership & Professional Development
        iii. Healthcare Delivery Science

Alison Marshall made a motion to accept the "elimination" of the following LCs: Substance Abuse & Pain, Leadership & Professional Development, Healthcare Delivery Science. Seconded by Leah Matthew. The motion was passed with 2 abstaining.

Subcommittee Updates

1. **Phase 1 - Endocrinology Course Objectives** – Dr. Virginia Lyons
    a. Dr. Crawford – reduced objectives from 23 to 10. The Phase 1 subcommittee approved those objective changes.

2. **LC Update** – Dr. Bill Nelson
    a. LCC subcommittee supports moving forward with the POCUS (ultrasound) proposal as a longitudinal topic or thread (TBD by LC subcommittee.
    b. MEC will need to approval overall Longitudinal threads and topics. MEC will hold off on POCUS proposal to wait on approving the comprehensive plan rather than approving individual LC topics or threads. These need to be weighed together - budgetary needs and hours ramifications.

New Business

1. Inpatient Medicine Clerkship Review – Dr. Matthew, Dr. Swenson

a. Strengths:
   i. Quality of Teaching - faculty, attendings, and residents being supportive, engaging, and invested in teaching.
   ii. Organization - clear communication, well-structured format of assignments.
   iii. Collaborative and supportive learning environment – clerkship team was readily available.

b. Recommendations:
   i. Revisit action item #2 from previous review - schedule meetings with select LC Leaders over the next 6 months to discuss how topics have been delivered in Phase 1 and ways to integrate and reinforces them within the clerkship years.
   ii. Revisit action item #3 from previous review - Explore options to ensure uniform feedback on SOAP notes by building in a development session or using one of the 4 writeups to review individual SOAP notes.
   iii. Rewrite course objective 13: "Take responsibility for his or her own medical education, develop the habits of self-assessment and reflection." – remove his/her and replace with their.
   iv. Change "Ward Rounds" to "Chief Resident Rounds" under primary instructional method.
   v. Include Student Performance Evaluations & summative/final SPE in the assessment events.
   vi. Provide further clarification around the big picture the role of the student on the inpatient clerkship – to be the primary inpatient provider. This could be done during clerkship orientation.
   vii. Provide further clarification around the purpose of assignments –the H&P write up in particular.

c. Action Plan
   i. Schedule meeting with Dr. Lyons, Dr. Nelson & LC leaders (recommendation i)
   ii. Faculty development on feedback including SOAP notes; due to work load feedback did not add as an assignment
   iii. In course objective 13, remove "his/her" and replace with "their"
   iv. Change "Ward Rounds" to "Chief Resident Rounds" under primary instructional method (1 event – 7 hours)
   v. For assessment of Course Objectives (other than 6 - Interpret without assistance common abnormalities and urgent findings on common diagnostic tests and studies including chest x-rays, EKGs, and common laboratory testing) add "final Student Performance Evaluation"
   vi. Further clarify goal of the clerkship – to serve as the primary provider for complex inpatients – during orientation and add to Orientation PowerPoint.
   vii. Clarify in orientation and in orientation PowerPoint the goal of 2 graded History and Physicals. To demonstrate the skill of obtaining a thorough history including past medical history, social history and a complete exam with emphasis on generating a differential diagnosis. The purpose is to also articulate clinical reasoning and applying literature appropriately.

Alison Marshall made a motion to accept the action plan as presented. Seconded by Vin Pellegrini. The motion was passed by a unanimous vote.

2. **Family Medicine Clerkship Review -** Dr. Dick, Scottie Eliassen
    a. Strengths:
        i. Organization of clerkship, including communications to students
        ii. Diversity of clinical cases seen and explored
        iii. Enthusiastic, engaged and dedicated preceptors
        iv. Supportive learning atmosphere
        v. Balance of time for assignments, shelf study, clinical responsibilities and self-care
    b. Recommendations:
        i. Reinforce expectations for number and range of daily notes and patients with students and preceptors.
        ii. Continue to work with other clerkships on a longitudinal, competency-based assessment system to minimize the potential grading impacts related to variability based on clinical site placements.
        iii. Review and edit clerkship Canvas site, including broken links.
    c. Action Plan:
        i. We will reinforce expectations for number and range of daily notes and patients with students and preceptors: during orientation, in emails to preceptors the day before the student begins in clinic, in quarterly preceptor update emails.
        ii. We will continue to work with Clinical Education, the Assessment Office, and other clerkships on a longitudinal, competency-based assessment system to minimize the potential grading impacts related to variability based on clinical site placements.
        iii. We will review and edit clerkship Canvas site, including broken links.
            1. Geisel IT has identified a Canvas bug that prevented in-site links from updating to the current site (links went to the page in a previous block's site).
            2. A handful of broken external links were identified and have been updated to currently-available resources.
            3. Presentation of assignments will be streamlined for AY25.
            4. Geisel IT has pointed out that Phase 2 Canvas sites are substantially different in intent and layout from Phase 1 Canvas sites. These differences are appropriate to the format/content/objectives of the two phases: Suggest that this be brought to students' attention during pre-clerkship CEI, and during FM orientation, particularly in the early blocks.

Alison Marshall made a motion to accept the action plan as presented. Seconded by Candice Black. The motion was passed with 1 abstaining.

3. **Surgery Clerkship Review –**Dr. Matthew, Dr. Sorensen
    a. Strengths:
        i. Excellent teaching, engaged faculty
        ii. Diversity of experiences
        iii. Suturing workshop
        iv. Right balance of assignments, didactics and clinical work
        v. Clerkship Coordinator – Bri - Clerkship directors and students both noted Bri's organization, responsiveness, professionalism and helpfulness.
    b. Recommendations:
        i. Mid-clerkship feedback – 2 areas:
            1. Faculty development around providing meaningful mid-clerkship feedback, with site director when possible.
            2. Continue to clarify the difference between mid-rotation feedback (not required) and mid-clerkship feedback.
        ii. Clarify role/expectations of student on different services.
        iii. OSCE note writing timing – continue to clarify that this is the national norm (make sure students understand the 'why').
        iv. Continue to work with other clerkships on a longitudinal, competency-based assessment system to minimize the potential grading impacts related to variability based on rotation placements.
    c. Action Plan:
        i. Transition to Competency-Based assessment and grading structure.
        ii. Build novel two-day orientation session to include asynchronous policy review, early didactics (Diagnosis and Management of Abdominal Pain PBL and Fundamentals of Team-Based Trauma Care), suture skills session, and enculturation/engagement discussion.
        iii. Re-invigorate the "Golden Scalpel" faculty and resident teaching recognition award.
        iv. Incorporate faculty development re: quality and timing of feedback during upcoming Clerkship Retreat
        v. Create form for Service Directors to complete which will clarify expectations of students while on their service then incorporate into welcome emails.

Alison Marshall made a motion to accept the action plan as presented. Seconded by Candice Black. The motion was passed with 1 abstaining.

4. **Phase 3 Review –** Dr. Campbell Levy

Guiding Principles of Curriculum Modification:
The MEC outlined 3 major principles when voting on the curriculum modification in 2017. Phase 3 review provided a status update on the guiding principles:

1. Optimizing Calendar – Yes, there is increased time in Phase 3 (students are taking more Sub-Is, more electives) class day is earlier, more time to transition to residency.
2. Improving Pedagogy
    a. Application of content/skills – yes, in the Capstone Course, and will continue to work on this.
    b. Vertical integration of basic science content- further progress needed.
3. Maintain the Geisel experience – Yes
    - Capstone (last required course in Phase 3) has morphed more into residency readiness for 4th year students.
    - Breadth of prep, the variety of different fields for Geisel grads was not negatively impacted by curricular modification.

MPO Analysis:
Is there a gap between what we intend to deliver in Phase 3 and what is delivered?

- Key findings:
    - Good correlation between intended curricular content and actual content.
    - 61 MPOs were deemed deserving of high to medium emphasis during Phase 3:
        - 42 were found to have sufficient curricular attention.
        - 19 were found to need either more curricular attention or better accounting of actual content.
- Action Items:
    - Collaborate with Phase 2 -Phase 2 found some of the same gaps that Phase 3 did.
    - More comprehensive analysis to determine where MPOs are taught & how assessed.
    - Form Sub-I working group with Sub-I directors. Start with core Sub-Is - meetings similar to CECD.

Outcomes Data: Student Performance
Reviewed scores on Shelf exams, Step 3 (students can opt in or out to report scores), overall performance in Phase 3 clerkship/courses (AAM, Neuro, Capstone), Resident Readiness Survey Data (goes to program directors, back ½ of students' internship year)

- Key Findings:
    - Geisel students are outperforming their peers on national tests.
    - Vast majority of students are meeting or exceeding the competency-based expectations, trending towards Honors for Sub-Is, 100% pass rate for Capstone.
    - Resident Readiness Survey – on average Geisel students demonstrate higher performance than peers regarding overall readiness.
- Action Items:
    - Continue to monitor the future Resident Readiness data with attention to the data from the specific questions regarding clinical skills.
    - Reviewing current Sub-I objectives.

- Review of the system of assessments and evaluation in the clinical years for consistency and validity.

Outcomes Data: Student Feedback

- Key Findings:
  - Internal (post clerkship evals) and external PGY indicate overall positive student satisfaction with core clerkships & readiness for residency.
  - GQ results indicate less confidence in skills for residency. It was noted, however, that the PGY-1 survey data indicates that once Geisel graduates begin their internships, they report having been better prepared, on average, than their peers from other institutions. This finding is echoed by the Resident Readiness Survey data, indicating that the GQ data is telling us more about a lack of confidence in the preparation than an actual deficit in their preparation.
    - Why is there a discrepancy between GQ & PGY-1 – maybe less confidence prior to being in residency, maybe selection basis for those that complete PGY-1.
  - End of year survey (Low response rate n=22)
    - 39% agreed that grading criteria for clinical electives were clear.
    - 47.4% agreed that they received helpful guidance in planning for Phase 3
- Action Items
  - Continue to track data regarding confidence for transition to residency.
  - Address confidence in skills in Capstone Course.
  - Continued work by Clin Ed Office & Registrar to clarify info in course catalog about elective course content, expectations & grading.
  - Work with GAOC to define which electives are more appropriate as P/F vs Tiered.
  - Work with ADME to determine a plan to further investigate which aspects of planning for Phase 3 might be improved.

Integration of LCs

- Key Findings:
  - LC leaders believe there is less perceived integration of LCS in Phase 2 & 3.
  - Students surveyed (43%) disagreed that LC topics were well integrated in Phase 3 curriculum.
  - Challenges with LC content in Phase 2 & 3 and with identifying direct relevance of LCs to clinical years' content.
- Next Steps:
  - Improve communication across all phases to better understand content being taught and where there may be missed opportunities.
  - Clarity from MEC regarding expectations for integration of LC content across the phase.

Summary Key Findings:

1. When the curriculum modification plan was developed, there were guiding principles delineated by the MEC, and to date those principles, as they apply to Phase 3, have been achieved throughout the modification's implementation.
2. Before the curriculum modification and during the modification process, there were never overarching learning objectives or goals delineated for any of the curriculum phases, including Phase 3. Through this review, goals and objectives for Phase 3 were developed to focus future curricular modifications improvement.
3. The majority of the Medical Program Objectives determined appropriate for coverage in Phase 3 were deemed to have sufficient coverage by the gap analysis review.
4. The review of academic performance data indicated that the majority of Geisel students are achieving curricular learning objectives and performing above or beyond expectations in residencies after graduation.
5. The majority of students appreciate the teaching, expertise of faculty as well as the content of their educational experience in Phase 3. The level of confidence for the transition to residency at Phase 3's completion continues to consistently be *slightly* lower than national norms. Areas of potential improvement, based on one year of limited data, include clarity of grading criteria for electives and guidance for Phase 3.
6. The multiplicity and variability of sub-internship courses and the lack of a coordinated structure for sub-internship faculty to share ideas and practices limits the ability to track course content comprehensively and to develop high quality meaningful measures of educational outcomes.
7. From the perspective of students and faculty, there are opportunities to better integrate Longitudinal Curricula (LC) into Phase 3.

Summary Recommendations:

- Recommendation 1
    - Work to develop a structure for sub-internship courses to enable the exchange of best practices, align educational objectives, standardize assessments, and track measures of educational outcomes, as appropriate.
- Recommendation 2
    - Address the potential gaps in Phase 3 curriculum identified in the MPO Gap Analysis, starting with discussion with Phase 3 core course leaders and coordinating similar efforts with Phase 2 leadership.
- Recommendation 3
    - Consider a more comprehensive analysis of the entire curriculum to determine where and how MPOs are taught.
- Recommendation 4
    - Work to modify the clinical evaluation system to increase consistency between courses and validity to best support the growth of clinical learning for most students while identifying learners who may not be meeting competencies and who may need further support.
- Recommendation 5
    - Continue to track data regarding confidence for the transition to residency, endeavor to better understand the reasons for a slightly lower relative level of confidence and optimize content within the Capstone Course and potentially elsewhere within Phase 3 to address confidence in skills to begin residency.
- Recommendation 6

- Incorporate vertical integration of relevant threads including foundational science more effectively throughout the curriculum, including Phase 3.

Discussion:

- Grading in Phase 3
  - Optics around the majority of students getting Honors for their Sub-Is. Don't want to dilute the message that our students are strong performers. Should Sub-Is be pass-fail or just have a narrative?
  - With other schools remaining tiered grading, it could be a disadvantage to students to shift to P/F. There is also a challenge about how much control over the different Sub-I our students are enrolled in.
  - Assessments – competency based extended into Phase 3
  - There is a need for more effective interaction with Sub-I faculty to see what is going
  - National trend for students to get Honors in Sub-Is
  - EM/ER Sub-I grading– standardized letter, everyone Honors, then students are ranked within cohort, there is a top 10%, only 1 student (or a number that wouldn't go above 10%) is selected for top 10%.
- Vertical integration – clinical skills missing result of devaluing clinical skills early and placing more of an emphasis on experiences outside of the core courses. The emphasis on clinical skills should start in phase 1.
- Add to Recommendation 1 – on a practical level how we can make sure this happens. Need to place importance on real support for faculty & staff to help to organize Sub-Is to have support parallel to the core clerkships.

Next Steps: MEC will vote on summary recommendations.

Ongoing Business

- Policy working group
- MEC Bylaws/Charge working group

Future Meetings

MEC meetings are the 3rd Wednesday of each month from 4:00 – 5:30 p.m.

- March 20th hybrid