

MEDICAL EDUCATION COMMITTEE MEETING MINUTES

 Meeting Date:
 May 15^{th} 2024

 Time:
 4:00 - 6:00 p.m.

Meeting Location:

Zoom

Approval:

Recorded By: Amy Rose

Attendance

Present = X, Absent = 0

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

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

Non-Voting Members							
Albright, Amanda (Instructional Designer)	X	Borges, Nicole (Chair, Dept. of Medical Education)	Х	Chimienti, Sonia Dean for Educational Affairs	X	Dick III, John (Clinical - Associate Dean Clinical Curriculum)	х

Eastman, Terri (Preclinical - Director, Preclinical Curriculum)	0	Eidtson, Bill (Assistant Dean, Student Success & Accessibility)	0	Fountain, Jennifer (Assessment)	X	Cunningham, Tara (Associate Dean, Student Life)	Х
Jaeger, Mikki (Registrar)	х	Kerns, Stephanie (Associate Dean, Health Sciences & Biomedical Libraries)	х	Lyons, Virginia (Preclinical - Associate Dean Preclinical Curriculum)	X	McAllister, Steve (Director, Educational Technology)	0
Vacant (Director, Assessment & Evaluation)		Levy, Campbell (Phase 3 Director)	х	Pinto-Powell, Roshini (Associate Dean, Admissions)	X	Weissburg, Paul (Associate Dean, Evaluation and Assessment)	х
Thurber, Peter (Clinical - Director, Clinical Curriculum)	Х	Rose, Amy (Administrative Support, UME Affairs)	Х	Cameron, Justine (Director, Accreditation & CQI)	X	Shaker, Susan (Preclinical- Manager)	Х
McBride, Lisa (Associate Dean, Diversity, and Inclusion)	0						

Student Non-Voting Members Diversity and Inclusion & Community Engagement (DICE)						
Vice Chairs for Academics – Student Government						
Fong, Justin 0	Thomason, Helen	0				
Fo	rmer MEC Student Men	nhars — Studant Ca	ovarnmant			
10.	mer wied student wien	iibeis – Student Go	Jveriment			
Guest(s)						
Alex Thorngren, MS, EdD	Erik Kobylarz, MD, PhD					

Call to Order

Meredith Sorensen, MD Chair - Medical Education Committee

Meredith Sorensen, called the meeting to order at 4:05 pm.

Announcements

Meredith Sorensen, MD

- 1. Welcome Dr. Tara Cunningham, new Associate Dean for Student Life.
- 2. Draft of Bylaws going to MEC in June & vote in July. Any voting faculty that are coming terming out in July 2024 please reach out if you are not able to extend your terms for a couple of months. The revised bylaws have proposed changes to membership.

3. Grade Appeal Policy – revisions approved and will be in effect AY 24-25.

Approval of Meeting Minutes

Meredith Sorensen, MD

Approval of April 2024 meeting minutes.

Barb Homeier made a motion to approve the April 2024 MEC meeting minutes. The motion was seconded by Tim Reiner. The motion passed by a unanimous vote.

Student Issues & Feedback

None

Consent Agenda

- Rebranding is not eliminating, the content is all there but the LCs listed below do not meet the criteria for being an LC.
 - a. Biochemistry
 - b. Clinical Microbiology & Immunology
 - c. Evidence-based Med & Informatics
 - d. Genetics
 - e. Oncology
 - f. Physiology

Vin Pellegrini made a motion to accept the rebranding of the above LCs. Seconded by Leah Matthew. The motion was passed 1 abstaining.

Subcommittee Updates

- 1. Phase 1
 - a. Shifting content to manage the shortened calendar year, finalize calendar at Phase 1 retreat.
 - b. Cardio course will be reviewed.
- 2. Phase 2
 - a. Reviewing CEI
 - b. Continuing discussions on SPEs
 - c. Finalizing changes to subcommittee bylaw changes
- 3. Phase 3
 - a. Subcommittee will be voting on new 4 week Acute care clerkship, 4 week phase 3 course, coordinated between EM and CC
 - b. Reviewing Capstone Course.
 - c. Waiting on Phase 3 membership to have consistency with Phase 1 & 2.
- 4. LCC
 - a. Dr. Taylor will be chairing this committee with Dr. Nelson
- 5. GAOC
 - a. Michelle Whitehead presented on the results of her Lit Review on what other schools are doing with clerkship grading. GAOC Recording (Go 17 minutes in)

New Business

MD-PhD Presentation – Alex Thorngren, MS, EdD & Erik Kobylarz, MD, PhD

Background:

- The program review last review 2013. In preparation for a potential MSTP application, the program was reviewed by external reviewers Kerry O'Banion & Chistopher Williams met with Dean Compton, other senior leaders, departmental chairs, students, faculty & the MD-PhD leadership team.
- Program goals/mission train physician scientists.
- MD-PhD program started 1991.
- Limited to 2 new matriculants a year.

Program Overview/Highlights:

- 2 research rotations (3rd, if necessary)
- Broad choices for graduate training
- Average time to degree 8 years
- F30 grant application (required by all eligible MD-PhDs students)
- Fundamentals of clinical & translational research (3 parts)
- Strong residency match (mostly first choice)

Program Strengths:

- Strong faculty-student relationships small size allows for personalized attention.
- Scholarly productivity students publishing 2-3 first-author papers, avg. 8 years to complete program, low attrition.
- Flexibility explore various departments & research areas.
- Community & collaboration
- Exposure to research -requires two 8-week research rotations to expose students to diverse research environments.
- Committed Leadership committed to training future physician scientists, experienced mentors/advisors.
- Applicant Pool over 200 applicants for 2 spots.

Area of opportunities:

- Funding challenges
- Small program size can be isolating for students.
- Mentor selection/Rotation advising desire for more structured guidance.
- Specialty selection/Residency advising more guidance during clinical years.
- Integration of clinical experiences
- Admin support
- Building community creating opportunities for vertical integration
- Maintain program quality

Discussion:

- Entering in PhD program at a later date is there an avenue to grow the program by allowing later entry. There have been M2 students apply but not yet from M3 or M4 year. Most natural time is between Phase 1 and Phase 2.
- Creating more clinical connections/clinical training support during the PhD year.

2. Hematology Course Review - Dr. Virginia Lyons

- a. Strengths
 - i. The course evaluation team applauds Dr. Fuld for an excellent, well-organized course that is designed at the appropriate level for Phase 1. The course content correlates well with topics assessed on Step 1 and the emphasis on clinical material sets students up for success in clerkships.
 - ii. The availability of resources in the course was praised both for learning the material and self-assessment of knowledge.
 - iii. The course has a nice mix of pedagogies, and the quality of teaching was excellent.

b. Recommendations

- i. Review course objectives to assess for opportunities to consolidate.
- ii. Consider ways to spread out content if possible while still maintaining the intentional organization of the course regarding compatible topics and benchmarks (in other words, material in a particular week could be spread out a bit more rather than having large blocks of Heme on one day).
- iii. Provide additional communication about expectations for the final exam so that students understand that they will need to apply knowledge from the entire course (e.g., distinguishing between malignant and benign conditions).
- c. Course Leader Action Plan
 - i. Review and revise course objectives to consolidate.
 - ii. Discuss with I3 and P&P course leaders during spring scheduling meeting optimal schedule integration and options for improved sequencing and timing related to examinations.
 - iii. Will improve messaging and canvas announcements regarding expectations for the Final exam.
- d. Revised Course Objectives (course leader consolidated from 23 to 6 course objectives).
 - Describe the development, function, structure, metabolic and molecular aspects, and classification of the components of the hematopoietic and hemostatic systems.
 Program Objectives: MS.2. Longitudinal Curricula: BIOC, HIST, HAE
 - Differentiate among hemostatic and hematopoietic disorders and diseases, both benign and malignant, based on epidemiology, risk factors, clinical signs, symptoms, exam findings, and laboratory and imaging data in patients of all ages.
 Program Objectives: MS.2, MS.3, MS.5 Longitudinal Curricula: BIOC, PATH, ONC, CDHI, NUTR
 - Differentiate pharmacologic and non-pharmacological management options, including aspects of pharmacokinetics, mechanisms of action, risks/side effects, indications, contraindications, for the management hematopoietic and hemostatic diseases and disorders. Program Objectives: MS.2, MS.3 Longitudinal Curricula: BIOC, PHARM, ONC
 - 4. Given a case vignette, apply clinical reasoning to integrate an understanding of histology/pathology, signs/symptoms, ethics, epidemiology, social determinants of health, lab and imaging tests to diagnose and manage hematopoietic and hemostatic diseases and disorders. Program Objectives: MS.2, MS.3, MS.5, MS.7, MS.9, PH.2, PH.3, EIM.3, EIM.5 Longitudinal Curricula: PHARM, ONC, PATH, CDHI, IMG, HE, EHV
 - 5. Practice team skills including effective collaboration, active listening, conflict management and allocation of tasks. **Program Objectives:** CT.2, CT.5

6. Promote a safe and respectful learning environment to facilitate effective team performance. **Program Objectives:** CT.1

Alison Marshall made a motion to accept course leader action plan as presented & revised course objectives. Seconded by Maureen Boardman. The motion was passed by a unanimous vote.

3. **Infection, Inflammation & Immunity Course Review** – Dr. Virginia Lyons

- a. Strengths
 - The organization/pedagogy of the course is exemplary. Students specifically valued opportunities to apply their knowledge in small groups, TBL sessions and case-based sessions.
 - ii. Learning resources were of high quality. Students especially valued the high-yield study guides created by faculty.
 - iii. Faculty were very accessible and invested in the success of the students. Students especially valued the integration of clinical faculty into the ID small groups.

b. Recommendations

- i. Revise and condense the course objectives to help with clarity and facilitate mapping.
- ii. Improve integration of the pharmacology content, taking advantage of student input.
- iii. As the schedule is created for the next academic year, monitor the pacing and sequencing of the sessions, and the integration with the Hematology course.
- c. Course Leader Action Plan
 - i. The course objectives will be consolidated, focusing on the overall goals of the course. Current objectives that are more specific will be incorporated into session objectives when appropriate.
 - ii. The course leader will work with the LC leader for pharmacology to improve the integration of pharmacology content. Student input will be solicited as needed.
 - iii. The course leader will work with the Hematology course leader and other course faculty to optimize the sequencing of the course and further improve integration when possible. The integration between the Block 2 courses is exemplary compared to other blocks, so this should not require significant effort, but falls under the category of continuous quality improvement.

Candice Black made a motion to accept the course leader action plan as presented. Seconded by Vin Pellegrini. The motion was passed with 1 abstaining.

4. Full Curriculum Review

Background:

- Continuous self-assessment is integral to the advancement of medical education.
- We must periodically evaluate our curriculum, to identify strengths, weaknesses, and opportunities for ongoing innovation in teaching.
- Review grounded in Geisel's mission statement and competencies.
- Recommendation from last full curriculum review "Create clear outcome benchmarks to bolster future reviews."

Asking for MEC members to:

• Feedback on the process

- Identifying top priorities survey coming
- Top 3 priorities will be working groups. Evaluation & Assessment will pull data, MEC faculty lead will guide the group.

Framework & Timeline

Timeline	Task
June 2024	 Steering committee formed (Steering committee members: ADME, DEA, MEC Chair & MEC Admin)
July 2024	 Identify priority areas to focus our work Establish working groups (with MEC Faculty members)
July-Sept 2024	 Gather and analyze data related to priority areas (Data – GQ, LCME, EOY survey, Clerkship/Course reviews, Phase reviews)
Sep/Oct 2024	 Working Groups present preliminary data to the MEC for feedback
Nov 2024 – Feb 2025	Writing Group forms to summarize report
March – April 2025	 Presentation to Key Stakeholders (Dean's Advisory Board, Faculty Council, others)

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.

- o June 19th, 2024
- o July 27th, 2024
- o August 21st, 2024