Dartmouth GEISEL SCHOOL OF MEDICINE

MEDICAL EDUCATION COMMITTEE MEETING MINUTES

Meeting Date: January 15, 2025
Time: 4:00 – 6:00 p.m.
Meeting Location: Zoom
Approval:
Recorded By: Emily Godfrey

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)	O	**Chamberlin, Mary** (Clinical - Medicine)	X
Guthiknoda, Kiran (Department of Anesthesiology)	O	**Hofley, Marc** (Clinical – Pediatrics)	X	**Homeier, Barbara** (Preclinical- Pediatrics)	X	**Jankowski, Mary** (Department of Psychology)	O
Lee, Michael (Department of Medical Education)	X	**Marshall, Alison** (Clinical – Emergency)	O	**McNulty, Nancy** (Department of Radiology)	O	**McRory, KrisEmily** (Department of Family Medicine)	X
Myers, Lawrence (Department of Med Ed & Biochemistry & Cell Biology)	X	**Thesen, Thomas** (Department of Medical Education)	O	**Pellegrini, Vin** (Department of Orthopaedics)	X	**Phillips, Oliver** (Department of Neurology)	X

Student Voting Members							
Year 1							
Ganga, Kiran	X	**Johnson, Jakobi**	X	**Sherman, Meredith**	O	**St. John, Emily**	O
Year 2							
Dameron, Corbin	X	**Darling – Mena, Addie**	X	**Gayne, Alexys**	X	**O'Brien, Wade**	O
Year 3							
Hernandez, Eli	O	**Li, Kevin**	X	**Pfaff, Mairead**	O	**Plona, Kelsey**	X
Year 4							
Fong, Justin	X	**Gil Diaz, Macri**	O	**Maosulishvili, Tamar**	O	**Thomason, Helen**	X
MD/PhD							
Emiliani, Francisco	O	**Zipkin, Ronnie**	X	**Marshall, Abigail**	X	**Reiner, Timothy**	X

Non-Voting Members							
Albright, Amanda (Instructional Designer)	X	**Borges, Nicole** (Chair, Dept. of Medical Education)	O	**Cameron, Justine** (Director, Accreditation & CQI)	X	**Chimienti, Sonia** Dean for Educational Affairs	O
Cunningham, Tara (Associate Dean, Student Life)	X	**Dick III, John** (Assistant Dean for Clinical Skills Excellence)	O	**Eastman, Terri** (Director, Longitudinal Curriculum)	X	**Eidtson, Bill** (Assistant Dean, Student Success & Accessibility)	O
Fountain, Jennifer (Assessment)	X	**Godfrey, Emily** (Medical Education Coordinator)	X	**Jaeger, Mikki** (Registrar)	X	**Kerns, Stephanie** (Associate Dean, Health Sciences & Biomedical Libraries)	X
Levy, Campbell (Phase 3 Director)	O	**Lyons, Virginia** (Preclerkship - Associate Dean Preclerkship Curriculum)	X	**Matthew, Leah** (Assistant Dean, Core Clinical Curriculum)	X	**McAllister, Steve** (Director, Educational Technology)	O
McBride, Lisa (Associate Dean, Diversity, and Inclusion)	O	**Mishra, Manish** (Director, Learning Environment)	X	**Pinto-Powell, Roshini** (Associate Dean, Admissions)	X	**Rose, Amy** (Educational Affairs	X
Shaker, Susan (Director, Preclerkship Education)	X	**Taylor, Julie** (Associate Dean, Medical Education)	X	**Thompson, Rebecca** MEC Chair (Clinical Neurology)	X	**Thurber, Peter** (Director, Clinical Education)	X
Weissburg, Paul (Associate Dean, Evaluation and Assessment)	X						

Student Non-Voting Members Vice Chairs for Academics – Student Government							
Fong, Justin	X	**Thomason, Helen**	X				

Guest(s)		
Sharp, Alayna		

Call to Order

Rebecca Thompson, MD Chair – Medical Education Committee

Rebecca Thompson, called the meeting to order at 4:04 PM

Announcements

1. Welcome new faculty members: Lawrence Myers, Mary Jankowski, Oliver Phillips, Nancy McNulty, KrisEmily McCrory.
2. February meeting date

Approval of Meeting Minutes

Rebecca Thompson, MD

Approval of December meeting minutes.

Vincent Pellegrini made a motion to approve the December 2024 MEC meeting minutes. The motion was seconded by Candice Black. The motion passed unanimously.

Student Issues & Feedback

- None

Consent Agenda

1. Vote: Phase 2 Subcommittee Co-Chair

Marc Hofley made a motion to accept Paul Hanissian as the Phase 2 Co-Chair. Second by Mary Chamberlin. The motion was passed.

Subcommittee Updates

1. Phase 1 – Dr. Virginia Lyons: Revisions to Phase 1 charge to be presented in February. SOP for exams in the works.
2. Phase 2 – Dr. Leah Matthew: approaching Phase 2 lottery. Continuing work on SPE for the upcoming year. Standardizing assessment practices.
3. Phase 3 –Dr. Campbell Levy: no updates
4. GAOC – Dr. Paul Weissburg: Approved changes to Assessment Attendance Policy, Geisel Grading Policy, Narrative Assessment Policy. Considering a working group to review the Assessment Methods and Principles of Assessment documents.
5. LCC- Dr. Julie Taylor: LC leaders to reconvene at the end of January and beginning of February.

Old Business

1. Full Curriculum Review Recommendations & Summary

EQ1: Recommendations

Are medical program objectives being taught in each phase?

- Conduct further investigation of MPO coverage by Phase by engaging Course Leaders, Longitudinal Curricular Leaders, and Clerkship Directors to ensure curricular mapping matches curricular practice.
- Consider eliminating MPOs with low to no coverage within the curriculum.
- Conduct detailed comparison of Geisel MPOs with finalized AAMC/AACOM/ACGME Foundational Competencies to be released in December 2024.
- Consider aligning the Geisel Curriculum with the AAMC/AACOM/ACGME Foundational Competencies.

EQ2: Recommendations

Are curricular threads (including foundational science) effectively integrated vertically, in the modified curriculum?

- Task the Phase 2 & 3 subcommittees to partner with LC leaders to identify the location of LC content in core clerkships, Capstone, CEI and the Critical Care selective.
- Task the appropriate curricular teams to map the newly identified LC content so that it is captured in the curriculum inventory.
- Develop a reliable method to track the integration of LC content across all phases of the Geisel Curriculum.
- Investigate the source of the decline in student performance on LC topics, for example by conducting surveys or focus groups with M3 and M4 students.

EQ3: Recommendations

Is the depth of content delivered in the curriculum appropriate for the level of training of the student, and are we preparing students for the next phase, for residency, and for boards?

- Based on the Geisel Step scores are on a 3-year downward trend in multiple subjects, with a downward jump in a few isolated subjects:
  - Continue to gather and graph Step 1 trending subject data (timeline: years).
  - Consider different utilization of board type questions in classes (Timeline: months).
  - Flag classes that are trending lower (see concern # 1 above) and consider special "depth of content" review at the time of the next MEC review of this class.
    - Consider a special "expert" faculty review group, unrelated to the course leadership, to review flagged courses for Step 1 content coverage and evaluation question usage.
- Minor recommendations based on common narrative comments from Clerkship Yr 1 and 2 surveys:
  - More practice with SOAP style notes before clerkships.
  - Education about preventative care that includes routine labs performed and vaccine schedules.
  - The reproductive course in year 1 did not prepare us for the OB/Gyn clerkship in areas of pregnancy, labor, delivery and pregnancy complications.
  - Introduction to the electronic medical record is needed pre-clerkship.

EQ4: Recommendations

Do students *possess the MEC-defined essential clinical skills and have they had exposure to the MEC-defined essential clinical conditions upon completion of the curriculum?*

- Discuss with the MEC whether common eye conditions and cellulitis should be included in the essential conditions expected to be managed by all Geisel students.
- Share program director and PGY-1 Survey data with clinical students to assure them that our curriculum does prepare them well for residency.
- Work with the Evaluation and Assessment team to determine if there are other assessment measures/tools to better assess students' ability to manage common clinical conditions perhaps as part of the SPE questions or OSCE program.

EQ5: Recommendations

What 3 areas of Geisel assessment and grading should be prioritized for the coming year?

- Increase consistency of grading across the core clerkships
  - Continue the work of the Assistant Dean for the Core Clinical Curriculum in collaboration with the Clerkship teams to standardize grading across the clerkships to the extent possible over the next two years.
- Developing a deliberate, longitudinal approach to the assessment of competencies across the full curriculum
  - This work to proceed under the guidance of the Assistant Dean for Longitudinal Clinical Excellence in collaboration with the GAOC and the deans and working groups for each phase.
- Establish three phase-specific working groups to develop a process for standardizing assessment practices within each phase and, where pedagogically appropriate, across the curriculum.
  - The membership of each phase-specific working group would vary, depending on needs and availability. The membership of each group might be determined by phase leaders, in cooperation with the GAOC.

EQ6: Recommendations

Does the curriculum prepare students well for the transition to residency?

- Minor consideration- Confidence in ward skills and procedural skills
  - Potential action items:
    - Continued work on Capstone course with focus on confidence for transition - only a minority felt "strongly" about their skills and confidence for the transition – (25% and 19.4% respectively).
    - Evaluate where in the curriculum procedural skills and ward skills are taught, and continue to add opportunities for practicing hands-on procedural and ward skills during Capstone.
- A minor action item to consider: evaluate where and how teaching of order entry and prescription writing in Phase 3.
- While ultimate outcomes remain strong (93.3% placement rate, excellent PD feedback), significant opportunity exists to improve the advising process itself, particularly in early phases and for students requiring additional support.
- Recent structural changes addressing identified gaps (new Office of Student Life, Senior Career Advisors, learning communities) show institutional commitment to improvement, but require time and continued assessment to demonstrate effectiveness.
- Enhanced specialty-specific advising and earlier career guidance emerge as critical priorities, with particular focus needed on improving SOAP preparation and alternative career pathway support.

EQ6: Recommendations Continued

- Advising and Mentorship:
  - Frequently highlighted as an area needing further development. Continued efforts to enhance these programs are essential.
  - Individualized mentorship supports successful transitions within the MD-PhD program.
  - Additional advising and better cross-program administrative communication may mitigate student anxiety and reduce barriers in these transitions, particularly the PhD to Phase II MD transition.
- Most actionable pain point lie in schedule planning and rotation sequence selection when returning from the student's year at Tuck.
- Phase 3 Efficacy:
  - Almost 1 in 5 graduating students felt Phase 3 did not adequately prepare them or boost their confidence for residency. This warrants a detailed review to identify gaps.
- Specific Competencies:
  - Professional responsibility, collaboration, and ethical behavior had minor but notable ratings of "not well at all" or "slightly well."
  - Oral case presentation skills received "somewhat below average" ratings from two respondents.
- Teaching and Learning Environment:
  - Attendings' busy schedules and limited ICU exposure were flagged. Enhancements in these areas may require creative curriculum adjustments. However, with new acute care clerkship this will likely improve.
- Documentation and EMR Skills:
  - As EMR technologies evolve with AI (e.g., DAX), incorporating these advancements into training may help bridge current gaps.

EQ7: Recommendations

Has the Academic Calendar been optimized to permit time for independent learning, scholarly pursuits, earlier clinical experiences (Phase 2 and Phase 3), earlier career exploration (Phase 1), earlier elective exploration (Phase 2)?

- Increase research opportunities through better communication with departments/fellowships to connect students to residents and fellow-led projects.
- Add survey questions regarding shadowing experiences.
- Collect data on various pedagogies used in the Phase 1 curriculum.
- Encourage students to work carefully with their advisor to balance their schedules for their well-being.

Becky & Emily will work to update the current slide deck to reflect edits. To keep moving forward, an electronic vote will be sent between now and the next MEC meeting on Feb 19th.

New Business

1. Grade Appeal Policy Revisions- Approved by the GAOC with 6 in favor and 1 abstained.

- The scope of the grade appeal cannot be changed after completion of the Level 1 grade appeal unless new information is made available to the student. This will be noted in the Level 1 Grade Appeal form that students fill out. Students with questions or concerns will be encouraged to reach out to ADAQA.

- Expands word limit to 1,500 words
- Updates GART membership
- Removes the stipulation that a phase leader cannot vote on grade appeals from their own phase
- The timing of grade appeals based on alleged mistreatment or bias (see next slide)
- Mistreatment reports may be filed at any time, but **for a mistreatment report to potentially lead to a grade change, it must be filed within 60 days of the end of the course or clerkship where the alleged mistreatment occurred**. Otherwise, the grade received will not be changed as a result of the mistreatment report. **Students seeking an exception must receive permission *within that 60-day timeline*** from either the Associate Dean for Student Life (ADSL) or the Director of the Learning Environment (DLE), who may permit such extensions if there are extenuating circumstances preventing compliance with the timeline.

Dr. Candice Black made a motion to approve the Grade Appeal Policy Revisions. The motion was Seconded by Vincent Pellegrini. The motion was passed.

2. Exam Disruption Policy Revisions

The policy now clearly articulates that the exam disruption policy is specifically for disruptions occurring during an exam or immediately preceding it and provides specific examples:

- "Computer or software malfunction after the start of the test, acute onset illness during the test, disruptive external or internal noise such as fire alarms, or an emergency situation in the building."

Changes have been made to distinguish the differences in process and timing between Phase 1 and Phase 2 exam disruptions. The policy also has been updated to indicate who must be notified—and by what deadline—in case of exam disruptions.

Dr. Candice Black made a motion to approve the Exam Disruption Policy Revisions. The motion was Seconded by Vincent Pellegrini. The motion was passed.

3. Assessment Attendance Policy Revisions

Scheduled request for a delayed exam occurs within the prescribed timeline

Emergency request for a delayed exam: A request for a delayed exam that is received less than four weeks before an exam occurs. Occurs later than the prescribed timeline and is limited to emergency situations.

Students will still be allowed to take the exam if they arrive late, if it is logistically feasible to provide that opportunity.

Excusable reasons for tardiness or an emergency request for a delayed exam include, but are not limited to, the following: severe illness or injury, transportation issues that could not have been reasonably anticipated, family emergency, natural disasters, or other, similar, situations in which it is

determined the student could not reasonably be expected to take the exam as scheduled due to circumstances outside the student's control.

Unexcused reasons for tardiness or a last-minute request for a delayed exam include, but are not limited to, the following: oversleeping, lack of pre-planning for transportation, concerns regarding lack of preparation for the exam, scheduling issues that could have reasonably been predicted, typical weather delay issues that could have been mediated by advance planning.

Dr. Candice Black made a motion to approve the Assessment Attendance Policy Revisions. The motion was Seconded by Mary Chamberlin. The motion was passed.

4. Geisel Grading Policy Revisions

"Students must achieve a 70% or better on this exam to achieve a passing score in the course. **If the minimum cut-off for the course is lower than 70%,** course leaders will consult with the Associate Dean, Assessment, Quality & Accreditation (or designee) and the Associate Dean Pre-Clerkship Education to determine if it would be appropriate to lower the cut-off for the retest. **That decision should be made prior to the start of the course. If the minimum cut-off for the course is changed after the course has ended, the cut-off for the retake exam will automatically be lowered to match the cut-off for the course."**

The policy has been updated to reflect that oversight to changes to the weight distribution of assessment categories into the final grades of core clerkships is provided by the Assistant Dean for the Core Clinical Curriculum.

- The "high pass" tier of grading has been removed from the section on Phase 2 grading to reflect changes recently approved by the MEC
- Language has been updated to reflect recent updates to Phase 3 grading, recently approved by the GAOC, the Phase 3 Subcommittee and the MEC

Dr. Candice Black made a motion to approve the Geisel Grading Policy Revisions. The motion was Seconded by Vincent Pelligrini. The motion was passed.

5. Narrative Assessment Policy Revisions

A narrative assessment of a medical student's performance will be included in the assessment plan for each required course or clerkship whenever teacher-student interaction permits this form of assessment for all students.

The types of teacher-student interactions include:

- Problem-based learning facilitation sessions totaling a minimum of 5 meetings with the same students and facilitator.
- Facilitated small group discussions with 10 or fewer students totaling a minimum of 5 meetings with the same students and facilitator.
- Preceptorship (clinical or non-clinical) experiences with an individual student totaling a minimum of 5 meetings.

Any required course or clerkship containing the above types of teacher-student interactions for all students is required to use a narrative assessment tool to assess student performance.

Bullet-point #2 is being removed, as it is not consistently accurate.
Bullet-point #3 has been rewritten to indicate that students receive narrative assessment from each clinical rotation but not from every preceptorship experience.

Dr. Candice Black made a motion to approve the Narrative Assessment Policy Revisions. The motion was Seconded by Mary Chamberlin. The motion was passed.

Ongoing Business

- Full Curriculum Review vote
- Subcommittee charges

Future Meetings

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

- February 19th
- March 19th