Meeting Date: June 17, 2026
Time: 4:00 – 6:00 p.m.
Meeting Location: Hybrid; Borwell 383, Zoom
Approval:
Recorded By: Emily Godfrey

Attendance

Present = X, Absent = 0

Faculty Voting Members							
Black, Candice (Department of Pathology and Laboratory Medicine)	X	**Hofley, Marc** (Clinical – Pediatrics)	O	**Jankowski, Mary** (Department of Psychology)	X	**Lee, Michael** (Department of Medical Education)	O
Marshall, Alison (Clinical – Emergency)		**McCrory, KrisEmily** (Department of Family Medicine)	X	**McNulty, Nancy** (Department of Radiology)	X	**Myers, Lawrence** (Department of Med Ed & Biochemistry & Cell Biology)	X
Phillips, Oliver (Department of Neurology)	X	**Reuman, Hannah** (Department of Medicine	X	**Seigel, Timothy** (Department of Surgery)	X	**Thesen, Thomas** (Department of Medical Education)	X

Student Voting Members									
Year 1									
Year 2									
Tietjen, Jack	X	**Garbis, Demetrios**	X	**Cayabyab, Kevin**	O	**Huang, Raymond**	X		
Year 3									
St. John, Emily (Co-academic Chair)	X	**Katter, Julia**	X	**Sherman, Meredith**	O	**Ganga, Kiran**	O	**Hernandez, Eli**	O
Year 4									
Dameron, Corbin (Co-academic chair)	X	**Darling, Addie**	C	**McNamara, Colin**	X	**Shirmer, Dain**	X	**Harring, Alden**	X
MD/PhD									
Gayne, Alexys	X	**Armero, Andre**	X	**Marshall, Abigail**	X	**Reiner, Timothy**	O		

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)	X	**Eastman, Terri** (Director, Integrated Curriculum)	O	**Eidtson, Bill** (Assistant Dean, Student Success & Accessibility)	O
Fountain, Jennifer (Specialist, Senior Assessment)	O	**Garrett, Tiffany** (Director, Medical & Health Sciences Libraries)	X	**Godfrey, Emily** (Medical Education Coordinator)	X	**Levy, Campbell** (Assistant Dean of Advanced Clinical Curriculum (Phase 3)	X
Lyons, Virginia (Associate Dean Pre-clerkship Curriculum)	X	**Matthew, Leah** (Assistant Dean, Core Clinical Curriculum)	X	**McAllister, Steve** (Director, Educational Technology)	O	**McBride, Lisa** (Associate Dean, Diversity, and Inclusion)	O
Pinto-Powell, Roshini (Associate Dean, Admissions)	O	**Rich, Alex** (Registrar)	X	**Rose, Amy** (Educational Affairs)	O	**Shaker, Susan** (Director, Pre-clerkship Education)	X
Sunday, Michelle (Director, Learning Environment)	O	**Taylor, Julie** (Associate Dean, Medical Education)	X	**Thompson, Rebecca** MEC Chair (Clinical Neurology)	X	**Vengrin, Courtney** (Director, Evaluation and Assessment)	X
Weissburg, Paul (Associate Dean, Evaluation and Assessment)	X						

Guest(s)			
Tammy S	**Ian Beals**	**Alyssa Fayerman**	
Sneha Lyer	**Kimberly Youngren**		

Call to Order

Rebecca Thompson, MD Chair – Medical Education Committee

Rebecca Thompson called the meeting to order at 4:05 PM

Announcements

- Welcome to the new MEC Faculty
  - Kimberly Youngren, MD, Pain Medicine
  - Patience Gallagher, MD, OBGYN
  - Heather Vestal, MD, Psychiatry
  - James Saunders, MD, Surgery
  - Thamolwan "Tammy" Surakiatchanukul, MD, Ophthalmology
  - Prabhjot Kaur, MD, Pathology
- July MEC meeting is dedicated to the State of the Med School
- August MEC meeting rescheduled to **August 12th**

Approval of Meeting Minutes

Rebecca Thompson, MD

Approval of May meeting minutes.

made a motion to approve the May 2026 MEC meeting minutes. The motion was seconded by. The motion passed unanimously.

Subcommittee Updates

1. Phase 1 – Partnered with the library to subscribe to Clinical Key, AI/Digital Health Proposal, Neuroscience and Neurology course review.
2. Phase 2 – Presentation today on Phase 2 Grading Data for AY 25-26, Clinical Attendance Policy to be discussed at July P2CC meeting.
3. Phase 3 – Revising two policies – 1) Eligibility for Grad and 2) Geisel Grading. Is it necessary to pass all courses – even non-required courses – to graduate? Align with recent policies/changes, redundancies covered in other policies, Clarifications of language. Next meeting: Further policy review – Finish grading policy, Clinical Supervision Policy(?), Updating SubI Objectives.
4. GAOC – June 12 GAOC meeting – Dr. Leah Matthew presented data on clerkship grading and MEC proposal. There was robust discussion of the data. Coming up: Proposal to update the GAOC charter!
5. CTs- Phase 1 Anatomy Pilot, Mapping CTs across Phase 2 & 3, ISDM conference workshop at Dartmouth in July features 3 CTs, Bridging Sectors in Pediatric Oncology: Teaching Shared Decision Making Through Longitudinal, Equity-Centered Medical Curricula
6. NCPC (quarterly update)- No new submissions.

Consent Agenda

1. Vote: Foundations course review working group update- Dr. Alison Marshall

Recommendation 1: Revise course objectives to eliminate those that are more appropriate for session objectives. We suggest paying special attention to objectives that 2% or less of course content is mapped to them.
Action plan: Course leaders will work with the course instructors and phase 1 leaders to hone and map course objectives for the upcoming academic year (AY26-27) in alignment with other phase 1 courses. Course leader is working with MLS to consider pedagogical approaches.
Recommendation 2: Improve the coordination of the final two weeks of the course. Students described this portion of the course as disjointed, disorganized, and lacking cohesion.
Action plan: Course Leader will review the final two weeks and provide oversight to address areas of disorganization:

- Pre-Work/Supporting Materials - Encourage instructors to audit pre-work materials to ensure alignment with learning objectives; clearly mark essential vs optional content. Enroll students to provide feedback on resource usefulness.
- Consistency in Communicating Learning Expectations - Encourage instructors to provide concrete examples of the level of detail expected; consider using practice questions that model exam-level thinking.

Recommendation 3: Improve scheduling of pharmacology. Multiple students mentioned that the session on cancer drugs needs to occur earlier in the course, and that pharmacology could be better integrated.
Action plan: Course Leader will ensure integration of pharmacology across Foundations, which is already ongoing.
Recommendation 4: Revise exam questions that currently do not align with USMLE accepted formats. The Director of Assessment is happy to help with this task.
Action plan: Exam Question Clarity and Mapping: Have exam questions reviewed by multiple faculty; focus on clarity while maintaining rigor; have instructors audit exam questions to make sure that they align explicitly with stated objectives; eliminate ineffective MCQ formats, and, where applicable, ensure alignment with board style formats.
Recommendation 5: Revise the curriculum of the course to emphasize material that is foundational, rather than material that is more appropriate for Phase 2. The review team mentioned specifically that the Phase 1 curriculum is currently deficient in basic pathological concepts relating to cell injury, cell adaptation and cell death; muscle physiology; action potentials; and neuromuscular junction. These topics are appropriate for a Foundations course, and we are confident that Dr. Myers can use his creativity to seamlessly integrate these topics with other course content.
REVISED Recommendation 5: Additional pathology content has been added to the course for AY 26-27. The Foundations Working Group recommends that further curriculum revisions be informed by the Phase 1 Review Working Group, and subsequently the MEC, to ensure that Foundations and other Phase 1 Course content revisions align with the needs of the full Phase 1 Curriculum and that sufficient time is allotted to thoughtfully integrate these revisions into the Phase 1 courses. Suggest a 1-year cycle review to facilitate this.

Tim Seigel made a motion to approve the recommendations brought forth by the Foundations course working group. The motion was seconded by Oliver Phillips. The motion passed.

2. Vote: Revised MEC charge- Dr. Becky Thompson

Updates to the MEC charge included:

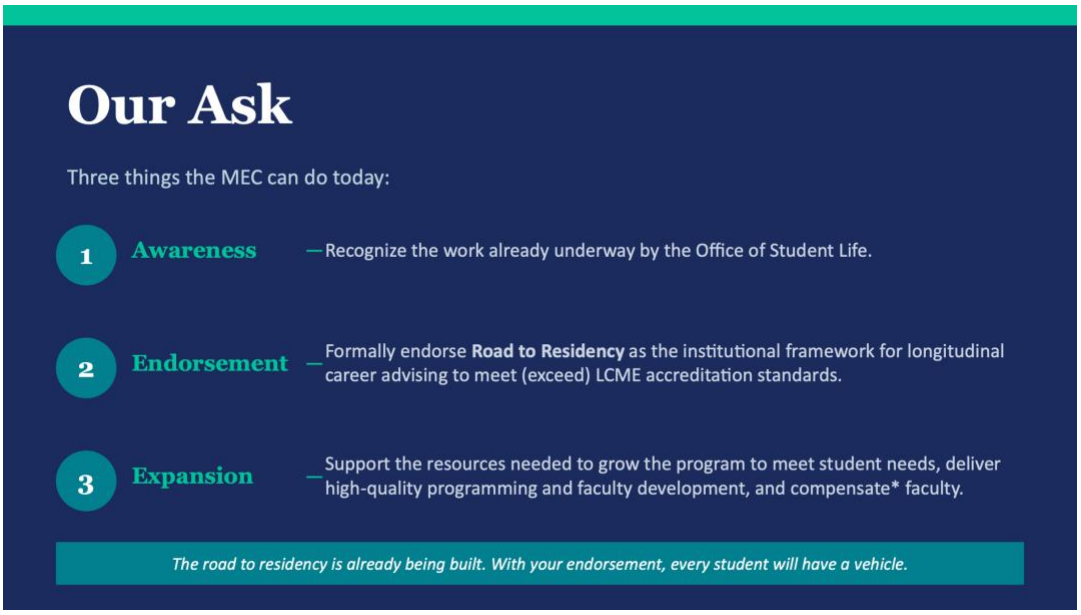
- Language stating *longitudinal curriculum* has been updated to *curricular threads*
- Longitudinal curriculum subcommittee was removed
- Responsibility section updated to reflect LCME standard 8.3 language
- MEC chair qualifications updated to include members who have been termed out in two years prior
- Voting faculty taken off auto-renewal plan
- Added voting faculty member to MEC steering committee
- Updated typo in MD-PhD under student membership

Oliver Phillips made a motion to approve the revised MEC Charge. The motion was seconded by Candice Black. The motion passed.

3. Vote: Career Advising Road Map- Dr. Tara Cunningham

Road to Residency – Geisel's Longitudinal, coordinated, career advising system for medical students.

Goal: students to arrive at residency, safely



Oliver Phillips made a motion to approve the Career Advising Road Map. The motion was seconded by Candice Black. The motion passed.

New Business

1. Anatomy Pilot- Dr. Virginia Lyons

Problem to be addressed:

- Step 1 data, exam scores and anecdotal evidence from clerkship directors/faculty indicated that some students are not achieving an adequate foundation in some curricular threads since we revised the curriculum; anatomy was one of the threads mentioned
- Two factors that may contribute to this are insufficient hours for CT topics in the Phase 1 curriculum and the grading system

Students need to pass courses, not CTs, and due to their longitudinal nature, each CT topic comprises a small percentage of the assessment questions in a course

MEC Approved pilot:

- Class of 2027 – control group
- Class of 2028 – students were required to achieve ≥70% in the Anatomy & Embryology curricular thread across Phase 1
- Cohorts were similar in composition
  - Class of 2027: 515 MCAT; 3.75 GPA; 46 females, 45 males; mean age=25

  - Class of 2028: 514 MCAT; 3.81 GPA; 56 females, 39 males; mean age=24
- There were 313 total A&E questions in Phase 1; MCQ and practical questions counted equally
- No change between cohorts in the quality of the questions, the way they were administered or how they contributed to course grades
- Scores were entered into Oasis in an ongoing basis so students could monitor their percentage score at any time
- Students that did not meet the 70% threshold completed mandatory remedial sessions during block 7

Conclusions:

- Despite the ≥70% threshold, CO28 had a higher failure rate (10.5% vs. 3.3%) suggesting the policy did not increase students' engagement or time spent studying for the A&E material.
- Anatomy lab practical exams, not the grading policy, appear to be the active behavioral lever; students who engaged with A&E content in a non-integrated fashion did so in response to scheduled practical exams, not the threshold
- Mixed-methods findings point to a policy-behavior gap: a grading threshold alone is insufficient to change study habits
- Consistency of teaching faculty was the strongest driver of thread engagement and trust in both cohorts.

Limitations:

- Two-cohort dataset is insufficient for definitive statistical conclusions
- Self-selection bias is possible in qualitative interview sample
- Quantitative data may have been affected by the number of students that had an atypical schedule and were not counted in analysis (4 for CO2027 vs. 1 for C02028)

2. I3 Course review & vote- Dr. Paul Weissburg

Strengths

- Immunology content delivered by Dr. Reigh was excellent.
- Continued integration with Heme, OnDoc, histology (such as covering skin exams/histology while doing skin infections) as well as other CT.
- Benchmark review materials and sessions were well received.
- Small groups are well received

Areas for Improvement

- Microbiology - need to optimize these sessions. Students use Sketchy to learn Micro so spend less time attending Dr. Schwartzman's sessions. Will plan to change these sessions to more flipped classroom and CBL.
- TBL sessions - will need to modify these and improve pre-work
- Possibly give an STI lecture
- Case of the week - could integrate more into the week

Action Plan Proposed by Review Committee

1. Continue to work on improving the integration of pharmacology in the course. Since prior efforts have not been completely effective, one idea we propose is to convene a group of faculty and students to review pharmacology content and discuss how best to align it with other course content and eliminate conflicting material.

2. Convert microbiology lectures to more interactive formats that utilize problem-solving. We appreciate that a few sessions were revised prior to AY25-26 and feel that this work should continue. Students also mentioned that microbiology materials could benefit from having more graphics if possible.

3. Provide a resource (e.g., table, concept map, etc.) to help students organize the "bugs and drugs" earlier in the course so they can utilize as they are learning.

4. Consider ways to improve the TBL experience such as emphasizing the need for students to do the prework to gain the most from the session. Possibly convert several sessions to a case-based format (i.e., eliminate the iRAT/gRAT) so more cases can be discussed in the time allotted, and students can benefit more from peer learning

Oliver Phillips made a motion to approve the I3 course review action plan. The motion was seconded by Candice Black. The motion passed.

3. Phase 2 Grading update- Dr. Leah Matthew

- Why was the grading system modified?
  - Concern that grading cut-offs were arbitrary with not enough quality data to make 4-tier delineations
  - Grade inflation did not necessarily help high achieving students and likely hurt lower achieving students (sense that P=F)
  - Excessive variation in individual clerkship grading rubrics and wide variation in grade distribution

- Overarching goals for AY25-26
  - Shared mental model based on attaining competency/entrustment rather than meeting "expectations or norms"
  - Make Honors grades more "meaningful" (< 50%) and Pass grades less stigmatized in a criterion-based system
  - Increase standardization across clerkships
  - Maintain successful communications with residency program directors

- National context
  - Average percent of students earning Honors in US allopathic schools: **33-41%,** regardless of grading system

    - Ramakrishnan D, Van Le-Bucklin K, Saba T, Leverson G, Kim JH, Elfenbein DM. What Does Honors Mean? National Analysis of Medical School Clinical Clerkship Grading, *Journal of surgical education*. 2022;79(1):157-164. doi:10.1016/j.jsurg.2021.08.022

Three changes made over two years:

1. Moved from 4-tier to 3-tier grading system
2. QI: updated the student performance evaluation (SPE) form
3. Alignment/standardization work across phase 2 core clerkships (routine annual processes with a bigger lift this year in the context of #1 and #2)
   - More closely aligned weighting components of the final grade
   - Deliverable: adjustment of cut off for Honors on SPE, 50%ile on NBME to be eligible for honors, NBME weight now ranges from 20-25% of final grade, Canvas updates for transparency/clarity

Standardization across clerkships:

- At the end of AY24-25, the range of Honors across clerkships was 50 points (35-85)
- At the mid-point of AY25-26, the range of Honors across clerkships was 30 points (22-52)
- At the end of AY25-26, the range of Honors across clerkships was 20 points (34-54)

NBME:

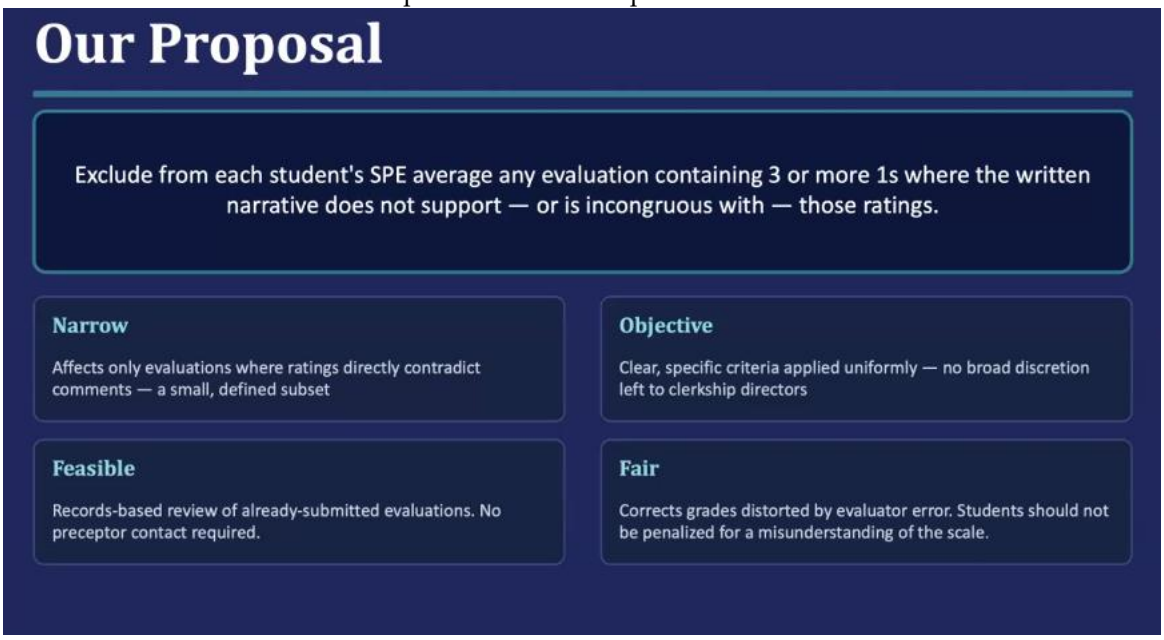
- Data for all phase 2 NBME exams were analyzed for AY25-26
- 522 exams given during this timeline
- Based on available date , 66.12% of all NBME exam scores across all phase 2 clerkships were at or above the 50th percentile, indicating a majority of scores would be eligible for honors based solely on the NBME exam.

Summary:

- New SPE and new grading system implemented April, 2025
- AY24-25>25-26, overall Honors went from 59% to 42%
- Overall range of Honors across clerkships went from 50 to 20
- Two-thirds of Geisel students scored > 50%ile on NBME exams
- With respect to final grades, sites were comparable
- No impact on AOA
- Both clinical skills excellence (SPE) and clinical knowledge excellence (NBME) are called out in the MSPE

Proposal: No retroactive changes to core clerkship grades for AY26-27 (to be voted on at July's MEC meeting).

The group discussed concerns about incongruous evaluations where preceptors gave low ratings with positive comments, particularly affecting the current M4 students (see below). Others emphasized that the grade appeal system can/should be used for such cases rather than making retroactive changes. Further discussion around the scope of the issue and potential solutions is needed.



4. Family Medicine Clerkship Objectives- Dr. Leah Matthew

Proposed changes to Family Medicine Clerkship Learning Objectives; May 2026 (sent via email and voted on electronically using Qualtrics).

The changes noted in pink text/strikethrough below are proposed to increase alignment between FMC learning objectives and the new Geisel program objectives.

Number	Course Objective	Rationale
1	Contribute to the provision of ~~optimal~~ compassionate evidence-based care to patients of all ages in the outpatient setting, collaborating with members of the care team and considering the patient in the context of family, community, and social drivers of health.	Align language with AAMC_P1 (assessed on SPE)
3	Examine the role of family medicine for an individual patient and a population of patients within a community ~~within the US health care system~~.	Focus is individual/family/local community rather than national
4	Demonstrate and apply ~~mastery of core~~ basic ~~science~~ and clinical science knowledge related to core Family Medicine topics.	Incorporate AAMC_MK2 (assessed on SPE)
7	Contribute to the breadth of outpatient care: Construct management approaches for common chronic diseases; Generate differentials and management plans for a wide range of undifferentiated complaints; Employ a stepwise approach to diagnostic workups; Apply appropriate prevention strategies and screening recommendations to individual patients; Practice common office procedures.	Add mention of stepwise approach, directly related to NEW_MK6 and AAMC_PCPS6 (which is assessed on the SPE)

Ongoing Business

- State of the Med School

Future Meetings

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

- July 15th
- August **12th**