

Meeting Date: Tuesday, December 18, 2018  
 Time: 4:00 – 6:00 p.m.  
 Meeting Location: DHMC – Auditorium B  
 Approval: January 15, 2019  
 Recorded By: Glenda H. Shoop

**ATTENDANCE**

**Faculty Voting Members**

<b>Ames, James</b> (Clinical-Orthopedics)	X	<b>Crockett, Sarah</b> (Clinical-Emergency Medicine)	X	<b>Hanissian, Paul</b> (Pre-Clinical- SBM Reproduction; Clinical-Obstetrics and Gynecology)	X	<b>Huntington, Jonathan</b> (Clinical-Medicine)	--
<b>Jaynes, Scott</b> (Faculty Council)	--	<b>Loo, Eric</b> (Pre-Clinical-Pathology)	X	<b>Mullins, David</b> (Pre-Clinical)	X	<b>Myers, Larry</b> (Pre-Clinical)	X
<b>Murray, Carolyn</b> (Clinical-Medicine)	X	<b>Nelson, Bill</b> (Pre-Clinical and Clinical- Health and Values VIG)	X	<b>Rees, Judy</b> (Pre-Clinical-Epidemiology)	0	<b>Robey, R, Brooks</b> (Pre-Clinical)	X
<b>Sachs, Marlene</b> (Community Preceptor Education Board)	X	<b>Saunders, James</b> (Clinical-Surgery)	X	<b>Sorensen, Meredith</b> (Clinical-Surgery)	--	<b>Spaller, Mark</b> (Pre-Clinical)	0
<b>Weinstein, Adam</b> Chair; Pre-Clinical-Renal Phys; Clinical-On Doc and Pediatrics)	X						

**Student Voting Members Year 1**

<b>Mia Bertalan</b> (Student-1 <sup>st</sup> Yr. Rep)	--	<b>Falen Demsas</b> (Student-1 <sup>st</sup> Yr. Rep)	X	<b>Joe Minichiello</b> (Student-1 <sup>st</sup> Yr. Rep)	--	<b>Michael Sramek</b> (Student-1 <sup>st</sup> Yr. Rep)	X
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**Student Voting Members Year 2**

<b>Bessen, Sarah</b> (Student-2 <sup>nd</sup> Yr. Rep)	--	<b>Del Favero, Natalie</b> (Student-2 <sup>nd</sup> Yr. Rep)	--	<b>Lindqwister, Alexander</b> (Student-2 <sup>nd</sup> Yr. Rep)	--	<b>Stanko, Kevin</b> (Student-2 <sup>nd</sup> Yr. Rep)	--
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**Student Voting Members Year 3**

<b>Bachour, Kinan</b> (Student-3 <sup>rd</sup> Yr. Rep)	--	<b>Berkowitz, Julia</b> (Student-3 <sup>rd</sup> Yr. Rep)	--	<b>Bhushan, Vivian</b> (Student-3 <sup>rd</sup> Yr. Rep)	--	<b>Di Cocco, Bianca</b> (Student-3 <sup>rd</sup> Yr. Rep)	X
<b>Kettering, Alexander</b> (Student-3 <sup>rd</sup> Yr. Rep)	--	<b>Warren, Celestine</b> (Student-3 <sup>rd</sup> Yr. Rep)	0				

**Student Voting Members Year 4**

<b>D'Agostino, Erin</b> (Student-4 <sup>th</sup> Yr. Rep)	--	<b>Kuczmarski, Thomas</b> (Student-4 <sup>th</sup> Yr. Rep)	--	<b>Merali, Natasha</b> (Student-4 <sup>th</sup> Yr. Rep)	--	<b>Ramos, Joshua</b> (Student-4 <sup>th</sup> Yr. Rep)	--
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**Student Voting Members MD/PhD**

<b>Chidawanika, Tamutenda</b> (Student-MD/PhD Rep)	--	<b>Emiliani, Francesco</b> (Student-MD/PhD Rep)	--	<b>Rees, Christiaan</b> (Student-MD/PhD Rep)	X	<b>Svoboda, Marek</b> (Student-MD/PhD Rep)	--
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Present = X / Absent = -- / Excused = 0

Non-Voting Members							
<b>Albright, Amanda</b> (Computing)	X	<b>Brown, Lin</b> (Pre-Clinical-Year II Co-Director)	X	<b>Dick, III, John</b> (Associate Dean, Yrs. III, IV)	--	<b>Duncan, Matthew</b> (Assoc. Dean, Student Affairs)	--
<b>Eastman, Terri</b> (Pre-Clinical Curriculum Director)	--	<b>Eidtson, William</b> (Director, Learning Services)	X	<b>Fountain, Jennifer</b> (Year II Curric. Mng)	--	<b>Guerra, Sylvia</b> (DICE Rep)	--
<b>Hamel, Ashley</b> (DICE Rep)	--	<b>Jaeger, Michele</b> (Registrar)	X	<b>Kerns, Stephanie</b> (Libraries Sciences)	X	<b>Kidder, Tony</b> (Year I Curric. Mng.)	--
<b>Lyons, Virginia</b> (Assistant Dean, Year I)	X	<b>Manning, Harold</b> (Program Manager, SBM)	0	<b>McAllister, Stephen</b> (Computing)	X	<b>Montalbano, Leah</b> (Assessment & Evaluation)	X
<b>Nierenberg, David</b> (Year 2 Associate Dean)	X	<b>Ogrinc, Greg</b> (Senior Associate Dean for Medical Education)	X	<b>Pinto-Powell, Roshini</b> (Assoc. Dean Student Affairs)	--	<b>Reid, Brian</b> (Computing)	X
<b>Ricker, Alison</b> (Clinical Curriculum Director)	X	<b>Shoop, Glenda</b> (Associate Dean for Undergraduate Medical Education Administration)	X	<b>Swenson, Rand</b> (LCME, Chair Dept Med Ed)	X	Chair, Geisel Academy of Master Educators)	
(Faculty Development)		(TDI)					
Guest(s)		Guest(s)		Guest(s)		Guest(s)	
Leslie DeMars, MD							

Present = X / Absent = -- / Excused = 0

1. **Call to Order** – Adam Weinstein, MD

Adam Weinstein, Chair, called the meeting to order at 4:05 p.m.

2. **Announcements** – Adam Weinstein, MD

No announcements were made.

3. **Approval of November’s meeting minutes** – Adam Weinstein, MD

*Paul Hanissian made a motion to approve the November 2018 minutes. The motion was seconded by Bill Nelson. The motion passed by a majority vote. There was one abstention.*

4. **Student Issues/Feedback**

- A request was made by a fourth-year student consider adding an amendment to the current Attendance Policy – Clinical (Years 3 and 4) to allow students who participate in the early residency match to be allowed to request an approved absence from any required clerkships for their match day. These students both find out where and whether they matched on this day, and it’s a chance for them to celebrate this occasion, and also recognizes they may not be able to have their undivided attention focused on their clinical and learning responsibilities, especially if they do not match.
- Examples of early residency matches include the ophthalmology, military, and urology.

*Christian Rees made a motion to amend the Attendance Policy – Clinical (Years 3 and 4) to consider a student’s match day an approved absence from clerkships for students who participate in the early residency match. The motion was seconded by multiple voting members. The motion passed by a unanimous vote.*

## 5. Consent Agenda

- a. Longitudinal Curricula Listing and Leaders
  - i. This document has been reviewed intermittently by the MEC members. The list is now ready for approval.
- b. Course Review: Reproduction – *Lin Brown, Course Leader*
  - i. Recommendations and the action plan were shared.
  - ii. The exam questions need to be addressed to assure the questions are appropriate and performing well. A concern was raised that there was too much emphasis on clinical vignettes and less on the application of the basic sciences.
  - iii. \*\*Parking lot item for curricular restructuring – The objective written for sexual abuse was removed from the reproduction course. We still need to find an appropriate place for this content. This important topic might be placed in On-doctoring or Psychiatry; or, On-doctoring and Psych could collaborate to cover it.
- c. Clinical Diversity Policy
  - i. This policy identifies the need to give student diverse clinical experiences. The policy lists various sites that we use to provide diversity in the students’ clinical experiences.

*Caroline Murray made a motion to approve the three items on the consent agenda:*

1. *Longitudinal Curricula Listing and Leaders*
2. *Course Review: Reproduction*
3. *Clinical Diversity Policy*

*The motion was seconded by Michael Sramek. The motion passed by a unanimous vote.*

## 6. Old Business

- a. Curriculum Phase Names / Course Names
  - i. Phase Names: The following three phase names were listed for approval by the Committee
    1. Phase I Foundations in Medicine (occurs from the start of medical school to Feb/March of the second year)
    2. Phase II Clinical Immersion (begins after the Step I study period and includes the clerkships)
    3. Phase III Exploration and Differentiation

*David Mullins made a motion to approve the three phase names for the new curriculum:*

*Phase I – Foundations in Medicine;  
Phase II – Clinical Immersion; and  
Phase III – Exploration and Differentiation.*

*The motion was seconded by James Ames. The motion passed by a unanimous vote.*

- ii. Course names: The following course names were proposed by the course leaders
  1. *Foundations: Applying Basic Science and Clinical Tools to Cancer [Foundations] or Introduction to Medical Studies: Applying Basic Science and Clinical Tools to Cancer [Intro. To Medical Sciences]*
    - a. Larry Myers is strongly in favor of ‘Foundations’ as his short-course name. There was a discussion about the value of including ‘cancer’ in

- the title because it implies the course is focused on cancer. Cancer is the unifying theme in the course, but the course content could transfer to many other diseases.
- b. Many suggestions were given for a name. ‘Foundations of Medical Science and Practice’ was the most popular. Short name will be ‘Foundations’. Since Dr. Myers wasn’t in attendance, the plan was to approve tentatively this name and discuss it further with Dr. Myers and potential further discussion at next meeting.
2. *Infection and Immunity*
    - a. The Committee chose the proposed name.
  3. *Hematology*
    - a. The Committee chose the proposed name.
  4. Cardiovascular – a name was not proposed by the course leaders.
    - a. The Committee chose ‘Circulation’ to stay within the guidelines put forth for course names.
  5. *Respiratory System or The Respiratory System*
    - a. The Committee chose ‘Respiration’ to stay within the guidelines put forth for course names.
  6. *GI-Metabolism-Nutrition*
    - a. The Committee agreed with the name. Only change was to replace hyphens with commas so it’s GI, Metabolism, and Nutrition.
  7. *Endocrinology and Metabolism*
    - a. The Committee chose ‘Endocrinology’ for the course name. Metabolism was removed from the proposed name because it appears in the GI course name.
  8. *Reproductive Medicine*
    - a. The Committee chose the proposed name.
  9. *Fluids, Electrolytes, Kidney or Fluids, Electrolytes and the Kidney or The Kidney in Health and Disease*
    - a. Fluids, Electrolytes, and the Kidney was favored. There was discussion about the name relating to the rest of the urinary system. Much of the urinary system is covered in the Reproductive Medicine course; urology is covered in both courses. Conversation centered around the full scope of this course.
    - b. The Committee chose ‘Fluids, Electrolytes, and Renal Medicine’ to define the scope of this course. Short name will be ‘Renal Medicine’.
  10. *Skin, Hair, and Nails*
    - a. The Committee chose ‘Dermatology’ to stay within the guidelines put forth for course names.
  11. *Nervous System*
    - a. The Committee chose ‘Neuroscience and Neurology’ to stay within the guidelines put forth for course names.
  12. *Rheumatology and Orthopedics*
    - a. The Committee chose the proposed name.
  13. *Psychiatry*
    - a. The Committee chose the proposed name.

*David Mullins made a motion to approve the following 13 course names for the new curriculum:*

1. *Foundations of Medical Science and Practice*
2. *Infection and Immunity*
3. *Hematology*
4. *Circulation*

5. *Respiration*
6. *GI, Metabolism, and Nutrition*
7. *Endocrinology*
8. *Reproductive Medicine*
9. *Fluids, Electrolytes, and Renal Medicine*
10. *Dermatology*
11. *Neuroscience and Neurology*
12. *Rheumatology ad Orthopedics*
13. *Psychiatry*

*The motion was seconded by James Ames. The motion passed by a unanimous vote.*

We will contact all the course leaders whose proposed course names were changed or not chosen. If the course leader disagrees with the MEC decision on course name and wants further discussion about the name, this will be brought back to the Committee in January.

- b. Infection and Immunity Course – *David Mullins, Course Leader*
  - i. David worked with Cathy Pipas, Longitudinal Curriculum Leader for Leadership, to add an objective aimed at leadership development and the team building process.
  - ii. David continues to bring in longitudinal curriculum directors to integrate their topics as appropriate.
  - iii. The course approach is to integrate the teaching of immunology and all the microbial sciences – bacteriology, virology, fungi, etc. – from an ecological standpoint. The idea is to teach the human and ecology we live in and show how this is balanced through the immune system, which will include homeostasis of the immune system and how the immune system protects us.
  - iv. Richard Zuckerman was recently identified as the Infectious Disease leader
  - v. The Infection and Immunity course is an integration of 3 courses. All objectives from the 3 courses were mapped and this ‘new’ course includes all the objectives.

*James Ames made a motion to approve the Infection and Immunity course description and objectives. The motion was seconded by Marlene Sachs. The motion passed by a majority vote. There was one abstention.*

- c. Year 4 Curriculum: Year 4 Capstone Course – *Campbell Levy, Year 4 Curriculum Director*
  - i. Campbell Levy consolidated the original list of objectives down to 13, which he did by making use of the overlaps across the 3 courses that were integrated into this Year 4 Capstone Course. (Note: As we integrate several courses into one in this new curriculum, we need to keep track of what objectives are staying and those that are being removed.)
  - ii. No content was removed.
  - iii. There was agreement that since this course is a capstone course offered in Year 4, higher-order objectives need to be used. The course content fits well for the synthesis of their learning across 4 years, but a few of the objectives don’t align with that level.
  - iv. These objectives need to indicate to the students that this is a high-level, application-based course that comes with a higher level of expectations. The course objectives should be at the level of application, integration, synthesis, and analysis.
  - v. This course will be offered in February 2019.

*David Mullins made a motion to approve the Year 4 Capstone Course objectives with the qualification that the objectives will be amended with higher-order verbs. The motion was seconded by Carolyn Murray. The motion passed by a unanimous vote.*

- i. David Mullins and Bill Nelson offered to help revise the objectives. After the objectives are revised, they will be sent to the MEC members.

## 7. New Business

- a. Instructional Method Guidelines – *Amanda Albright, Instructional Designer*
  - i. The Instructional Methods Group was charged with establishing a standard vocabulary and specifications for instructional methods that will be used to guide Geisel’s course leaders and their course development teams to make informed and sound decisions when developing and implementing instructional strategies within courses in the new curriculum.
  - ii. The Task Group came up with 5 statements that were considered in the development of the guidelines:
    - 1. Recognizes that there will be some variation in instructional approach based on individual teaching style and facilitation skills.
    - 2. Asserts that while some variation in instructional approach may exist, students should be able to adjust to those variations as long as they are provided with clear instructions/expectations and equal access to the materials/resources that will enable success.
    - 3. Encourages faculty innovation in the development of instructional strategies for Geisel courses; however, if the planned implementation of an Instructional Method significantly varies from the guidelines, it is recommended that the method be presented to the Medical Education Faculty for feedback and discussed with curricular leadership.
    - 4. Foresees that the instructional method guidelines will enable the Department of Medical Education to identify and arrange opportunities for faculty professional development to support the implementation of the methods.
    - 5. Acknowledges that its’ members are not wholly qualified to develop guidelines for the clinically relevant instructional methods and thus recommends the development of a second taskforce composed of clinical faculty (e.g. clerkship directors) to draft those guidelines.
  - iii. The document includes guidelines for the following instructional methods: case-based learning (CBL), coaching, discussion (large and small group) games, independent learning, journal club, laboratory, lecture, mentoring, peer teaching, patient presentation (faculty and patient), problem-based learning (PBL), role play, self-directed learning, and team-based learning (TBL).
  - iv. This group did not create any policy related to these guidelines.
  - v. There is a policy that was recently approved, which states there should be no more than 24 hours of formal instruction and no more than 60 hours of total work time in any given week.
  - vi. Preparatory time should be equivalent to the class time. If there’s a 2-hour class, preparatory time should be 2 hours or less.
  - vii. The expectation is that course leaders within a block will work together to coordinate activities.
  - viii. Tracking these hours is important and a method on how to get this done needs to be created. The course leaders will have to work with the pre-clinical education office to track these hours.
  - ix. Role play fits in what students are doing in On-doc. Activities in the simulation lab and OSCE’s will fall under simulation and be discussed in conjunction with the clinical instructional methods group.
  - x. Because these guidelines focus on pre-clinical education, a second task group will be convened to create a set of instructional method guidelines for the clinical years.
  - xi. Amanda was thanked for her work in leading this group.

- b. Principles of Assessment – *Leah Montalbano, Manager, Program Evaluation*
  - i. The only change made to the document was related to the statement using the ‘complete physician’. The wording was revised to say the school ensures that we are contributing to developing the complete physician.
  - ii. Leah was thanked for her work in leading this group.

*Sarah Crockett made a motion to approve the Principles of Assessment. The motion was seconded by James Ames. The motion passed by a unanimous vote.*

- c. Phase I: Longitudinal Curriculum (Child Health, Development, and Illness) *Adam Weinstein, Longitudinal Curriculum Topic Leader*
  - i. Adam presented a draft of his longitudinal curriculum objectives for Child Health, Development, and Illness. Up to this point, this ‘theme’ in the current curriculum did not have any objectives.
  - ii. These objectives came out of the work of a group of pediatric clerkship directors from different medical institutions who Adam is working with to develop pre-clinical objectives, written for students who are not going into the field of pediatrics. They are purposefully not high-level objectives.
  - iii. A handful of years ago, Pediatrics was identified as a deficiency in the pre-clinical curriculum through a specific question that is on the end-of-clerkship evaluation form, which asks how well the students feel prepared for the clerkship. This feedback included the physical exam as well as the foundational sciences. Curricular efforts have since strengthened this and is part of the reason why it is included as a longitudinal curriculum for Phase 1.
  - iv. For objective #1: *Understand, compare, and integrate normal and abnormal development, and pediatric illness in the context of foundational science throughout all organ systems.* The goal is to incorporate pediatrics into the foundational science and organ-based courses and help students recognize the differences.
    - 1. Suggestion for revision: *Integrate and recognize normal and abnormal development and pediatric illness in all organ systems.*
  - v. These, and all, longitudinal curriculum objectives need to be mapped.
  - vi. A plan to assess these longitudinal curriculum objectives has not been completely worked out yet. We need to identify students who are struggling with these longitudinal topics early so that remediation can be put in place. While ‘how’ remediation for these topics will be done has been discussed at various venues, a decision has not been made.
  - vii. Currently, OASIS doesn’t have a place to put these extra objectives. Each course objective can be tagged. We might be able to pull out everything that’s tagged for course objectives, which might be enough to know if everything’s covered.
  - viii. We need to look at the big picture in how, where, and by what method these topics will be assessed. If they’re mapped to a particular course objective, then it will likely be assessed in that course. Some longitudinal curriculum objectives might be assessed within the context of what students are doing in other courses; a separate assessment may not be needed.
  - ix. Some longitudinal curriculum objectives will be limited to Phase I, while others will cross all 3 phases.
  - x. Plan: Adam will make edits to the objectives as suggested, add in mapping to program objectives, and put in assessment information. Also, ‘Childhood’ in the title will be changed to ‘Child’.

**8. Adjournment – Adam Weinstein, MD, MEC Chair**

Dr. Adam Weinstein, Chair, adjourned the meeting at 5:50 p.m.

**9. Ongoing Business**

- 4<sup>th</sup> Year Curriculum
- Duty Hours
- Evaluation Oversight Committee
- Curricular Evolution Subcommittee
- LCME Oversight Committee

**10. Future Meetings**

*\*\*\* Please note these meetings are on the 3<sup>rd</sup> Tuesday of each month, 4:00 - 6:00 p.m.*

- February 19, 2019
- March 19, 2019
- April 16, 2019
- May 21, 2019
- June 18, 2019
- July 16, 2019