## ATTENDANCE

### Faculty Voting Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ames, James</td>
<td>Clinical-Orthopedics</td>
</tr>
<tr>
<td>Crockett, Sarah</td>
<td>Clinical-Emergency Medicine</td>
</tr>
<tr>
<td>Hanissian, Paul</td>
<td>Pre-Clinical-SBM Reproduction; Clinical-Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Huntington, Jonathan</td>
<td>Clinical-Medicine</td>
</tr>
<tr>
<td>Jaynes, Scott</td>
<td>Faculty Council</td>
</tr>
<tr>
<td>Loo, Eric</td>
<td>Pre-Clinical-Pathology</td>
</tr>
<tr>
<td>Mullins, David</td>
<td>Pre-Clinical</td>
</tr>
<tr>
<td>Hulsey, Jonathon</td>
<td>Pre-Clinical</td>
</tr>
<tr>
<td>Murray, Carolyn</td>
<td>Clinical-Medicine</td>
</tr>
<tr>
<td>Nelson, Bill</td>
<td>Pre-Clinical and Clinical- Health and Values VIG</td>
</tr>
<tr>
<td>Rees, Judy</td>
<td>Pre-Clinical-Epidemiology</td>
</tr>
<tr>
<td>Robey, R. Brooks</td>
<td>Pre-Clinical</td>
</tr>
<tr>
<td>Sachs, Marlene</td>
<td>Community Preceptor Education Board</td>
</tr>
<tr>
<td>Saunders, James</td>
<td>Clinical-Surgery</td>
</tr>
<tr>
<td>Sorensen, Meredith</td>
<td>Clinical-Surgery</td>
</tr>
<tr>
<td>Spaller, Mark</td>
<td>Pre-Clinical</td>
</tr>
<tr>
<td>Weinstein, Adam</td>
<td>Chair; Pre-Clinical-Renal Phys; Clinical-On Doc and Pediatrics</td>
</tr>
</tbody>
</table>

### Student Voting Members Year 1

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mia Bertalan</td>
<td>Student-1st Yr. Rep</td>
</tr>
<tr>
<td>Falen Demsas</td>
<td>Student-1st Yr. Rep</td>
</tr>
<tr>
<td>Joe Minichillo</td>
<td>Student-1st Yr. Rep</td>
</tr>
<tr>
<td>Michael Sramek</td>
<td>Student-1st Yr. Rep</td>
</tr>
</tbody>
</table>

### Student Voting Members Year 2

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bessen, Sarah</td>
<td>Student-2nd Yr. Rep</td>
</tr>
<tr>
<td>Del Favero, Natalie</td>
<td>Student-2nd Yr. Rep</td>
</tr>
<tr>
<td>Lindqwister, Alexander</td>
<td>Student-2nd Yr. Rep</td>
</tr>
<tr>
<td>Stanko, Kevin</td>
<td>Student-2nd Yr. Rep</td>
</tr>
</tbody>
</table>

### Student Voting Members Year 3

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachour, Kinan</td>
<td>Student-3rd Yr. Rep</td>
</tr>
<tr>
<td>Berkowitz, Julia</td>
<td>Student-3rd Yr. Rep</td>
</tr>
<tr>
<td>Bhushan, Vivian</td>
<td>Student-3rd Yr. Rep</td>
</tr>
<tr>
<td>Di Cocco, Bianca</td>
<td>Student-3rd Yr. Rep</td>
</tr>
<tr>
<td>Kettering, Alexander</td>
<td>Student-3rd Yr. Rep</td>
</tr>
<tr>
<td>Warren, Celestine</td>
<td>Student-3rd Yr. Rep</td>
</tr>
</tbody>
</table>

### Student Voting Members Year 4

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>D’Agostino, Erin</td>
<td>Student-4th Yr. Rep</td>
</tr>
<tr>
<td>Kuczmaslki, Thomas</td>
<td>Student-4th Yr. Rep</td>
</tr>
<tr>
<td>Merali, Natasha</td>
<td>Student-4th Yr. Rep</td>
</tr>
<tr>
<td>Ramos, Joshua</td>
<td>Student-4th Yr. Rep</td>
</tr>
</tbody>
</table>

### Student Voting Members MD/PhD

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chidawanika, Tamutenda</td>
<td>Student-MD/PhD Rep</td>
</tr>
<tr>
<td>Emiliani, Francesco</td>
<td>Student-MD/PhD Rep</td>
</tr>
<tr>
<td>Rees, Christiaan</td>
<td>Student-MD/PhD Rep</td>
</tr>
<tr>
<td>Svoboda, Marek</td>
<td>Student-MD/PhD Rep</td>
</tr>
</tbody>
</table>
1. **Call to Order** – *Adam Weinstein, MD*

   Adam Weinstein, Chair, called the meeting to order at 4:04 p.m.

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

   No announcements were made.

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

   Alex Lindqwister made a motion to approve the December 18, 2018 minutes. The motion was seconded by Bill Nelson. The motion passed by a unanimous vote.

4. **Student Issues/Feedback**

   1. The students expressed their concern about the rumor that Psychology of Illness (POI) is being cut in the new curriculum plans.

   o MEC faculty members assured the students that the plan is to continue POI in Phase I and in collaboration within the On-doctoring course as it is currently present.

5. **Consent Agenda**

   a. Year 4: Capstone Course Objectives – *Campbell Levy, Year 4 Curriculum Director*
i. Dr. Levy updated his course objectives based on feedback from the December MEC meeting. While the content didn’t change, some of the verbs were changed to place the objective in a higher level of mastery.

ii. In objective #13, ‘Practice self-tracking learning activities’ was revised to ‘Self-track learning activities’. The objective now reads, *Self-track completed learning activities accurately in a timely fashion.*

iii. General comment: Course/clerkship learning objectives shouldn’t be aspirational; therefore, the MEC should not press course and clerkship leaders to write objectives that aren’t representative of what the course leader intends to accomplish. Objectives need to be written at a realistic level of mastery, relevant, and clearly written in a way that they can be reachable and trackable.

b. Phase I: Longitudinal Curriculum (Child Development, Health, and Illness) – *Adam Weinstein, Longitudinal Curricula Leader*
   i. Objectives were revised based on feedback from the MEC members at the December meeting.

c. Instructional Methods Guidelines – *Amanda Albright, Instructional Designer*
   i. The Guidelines were placed on the consent agenda because formal MEC approval is needed to ensure the methods align with the principles of pedagogy.

---

**Alex Lindqwister made a motion to approve the three items on the consent agenda.**

1. **Year 4: Capstone Course Objectives**
2. **Phase I: Longitudinal Curriculum – Child Development, Health, and Illness**
3. **Instructional Methods Guidelines**

The motion was seconded by Eric Loo. The motion passed by a unanimous vote.

---

6. **Old Business**

a. **Course Names**
   i. Adam Weinstein contacted all the course leaders with their course names that were approved at the MEC’s December meeting. Three course leaders requested alternate names:
      2. Circulation. Proposed change to *Cardiovascular Medicine.*
      3. Respiration. Proposed change to *Respiratory Medicine.*
   
   ii. Foundations: Reaction was mixed, specifically to the use of cancer in the title for the Foundations course. Some members felt that the course name made it appear that cancer was the predominant focus of the course.
      1. Larry Myers, course leader, explained that the proposed name accurately describes what will happen in the course. Cancer overlaps well with the foundations of medical science and practice. The intent of the course is to teach the foundations of medical science and practice, using cancer as the model.
      2. Students generally agreed that placing cancer in the title is helpful to give them an idea of what the course will be about.
      3. A proposed alternate name for the course, which had agreement among the Committee members and course leader was: *Foundations of Medical Science and Practice: Application to Cancer.*
   
   iii. Other course titles. The issue of using ‘system’ or ‘medicine’ was discussed at length. Because consistency is important, the Committee agreed to use medicine in the titles, such as, Respiratory Medicine; Cardiovascular Medicine; and, Fluids, Electrolytes, and Renal Medicine.
James Ames made a motion to approve the following course names with the understanding that 'medicine' will be discussed with the course leaders for Respiratory and Cardiovascular:

1. Foundations of Medical Science and Practice: Application to Cancer
2. Respiratory Medicine
3. Cardiovascular Medicine

The motion was seconded by Eric Loo. The motion passed by a unanimous vote.

7. New Business

i. Clerkship Grading Policy
   i. This policy was reviewed 1½ years ago by the MEC.
   ii. John Dick reviewed the policy with the clerkship directors at the January 2019 Clinical Education Course Director (CECD) Committee meeting.
   iii. In summary, the policy was written to ensure the method for evaluation and grading is clear to the students, presented in a common location on each clerkship site in the learning management system (CANVAS), written with clear definitions for the grading thresholds. Changes to these thresholds can be made from year to year but should not be made during the academic year.
   iv. As student asked if there is a standardization for the % of subject exam scores? John Dick explained that there’s no standard %. The % is set by each clerkship.

Eric Loo made a motion to approve the Clerkship Grading Policy. The motion was seconded by James Ames. The motion passed by a unanimous vote.

ii. Phase I: Respiratory Medicine – Hal Manning, Course Leader
   i. Occurs January – March of Phase I: Year 1.
   ii. The course encompasses the normal structure, development, and function of the respiratory system. After the foundational material is presented, the course will delve into the pathology, pathophysiology, diagnosis, and treatment (both pharmacologic and non-pharmacologic) of a variety of respiratory disorders, including airway disease, interstitial lung disease, pleural disease, sleep-disordered breathing, neonatal and common genetic and developmental lung disorders, pulmonary vascular disease, lung cancer, and respiratory failure.
   iii. All objectives were rewritten for this new course. The 70-80 objectives were condensed down into 25 objectives.
   iv. New content was added to include, head and neck anatomy, sinuses, development of the respiratory system, and respiratory infections.
   v. There was a discussion on how the respiratory objectives overlap with hematology, in content areas such as hemoglobin and oxygen transport?
      1. Hal Manning will meet with the appropriate course leaders to ensure all essential content areas are covered, and decide who will cover what material and how these areas will be brought together in a coherent fashion.
      a. Courses might emphasize content areas different ways. For example, Hematology might have a different emphasis to oxygen content and delivery than Respiratory. While course
objectives might be similar, sessions objectives will differ based on the course’s emphasis.

2. As these courses develop, the MEC might see some adjustments in the course objectives.

3. Currently, the ability to electronically find overlaps in course objectives doesn’t exist; however, Rand Swenson has a paper document that course and longitudinal curriculum leaders are completing, which shows overlaps. Finding overlaps will rely on the course leaders working together. Once the courses are built into OASIS, the course objectives will be added to help with this important discussion among the course leaders.

4. Students were asked about current areas of redundancy. While some content areas seemed redundant, such as, the Bohr Effect, the students felt it was helpful for other topics to be covered twice. A student expressed that there’s a risk in this new curriculum that students won’t get a chance to go through the material twice and encouraged planned redundancy.

5. The goal in this new curriculum is to have objectives that build on each other in terms of complexity in subsequent courses.

6. Topics, such as Health and Values, will be incorporated into the courses through collaboration between the course and longitudinal curriculum leaders. In Respiratory, there could be a few dedicated sessions, and then a careful integration in other planned sessions where it logically makes sense. The specifics would show up in session rather than course objectives.

   a. Virginia Lyons and Adam Weinstein are planning to write objectives that apply to all courses for topics, such as, self-directed learning, professional responsibility, etc.

General comment: Virginia Lyons and Adam Weinstein are working together to revise MEC review forms and decide what information should be presented to the MEC. All members were asked to contact Virginia with comments and suggestions on what would be most useful to show in the MEC presentations.

James Ames made a motion to approve the Respiratory course description and objectives. The motion was seconded by Eric Loo. The motion passed by a unanimous vote.

iii. Phase I: Hematology – Alex Fuld and Elizabeth Bengtson, Course Leaders
   1. The course leaders and student representative were introduced.
   2. This is the only course that will have it’s Phase 1 iteration running concurrently with it’s applicable SBM Hematology course.
3. The course will provide students with an understanding of the normal development, metabolism and function of cellular components of blood and hematopoietic organs, as well the pathophysiology and clinical approach to the associated benign and malignant hematological disorders. This will be integrated with the concurrent Infection & Immunology (I^2) course.

4. The course will build on itself as integration becomes more substantial as the course goes along and as students learn about infectious disease, immunity, on-doctoring, and the basis for clinical applications.

5. Some longitudinal curricula will be intensely integrated while other topics will be less integrated. Integration meetings will be held in the next phase of planning.

6. On-doctoring and Patients and Populations will be running concurrently, which allows natural integration of clinical experiences.

7. Course objectives have been made more thematic.

8. Two new objectives were added:
   i. Apply clinical and diagnostic reasoning skills in approaching hematological disorders and related clinical concerns.
   ii. Apply imaging modalities in the evaluation of hematologic disorders and related clinical presentations.

9. Granular topic list for each objective and mapping was discussed.

10. Biochemistry will be added as a longitudinal curriculum topic.

11. We need a uniform language for some of the longitudinal curriculum topics.

12. There could be two courses with similar objectives, in this case, the course leaders need to get together and discuss their approach to the topic so one builds on another.

13. A suggestion was made to revise Objective #18 by adding ‘ethical’:
   **Current:** Discuss physical, social, financial, and psychological impact of having a hematologic malignancy or blood disorder.
   **Change to:** Discuss physical, social, financial, **ethical**, and psychological impact of having a hematologic malignancy or blood disorder.

Eric Loo made a motion to approve the Hematology course description and objectives. The motion was seconded by Brooks Robey. The motion passed by a unanimous vote.

iv. Phase I: Longitudinal Curriculum
   i. Anatomy and Embryology – Virginia Lyons, Leader
      1. Longitudinal curriculum objectives for Anatomy and Embryology were narrowed down; most of the objectives in the current course were removed from the longitudinal curriculum list because they will be in the main course objective list.
      2. Specific organ-based course objectives related to anatomy will be in the course list.
      3. iBooks will continue to be used.

Julia Berkowitz made a motion to approve the Anatomy and Embryology longitudinal curriculum objectives. The motion was seconded by Bill Nelson. The motion passed by a unanimous vote.
ii. Cells, Tissues, and Organs (CTO) – Rand Swenson, Leader

1. The longitudinal curriculum objectives were derived from existing CTO objectives. Some refined; some shortened. The new list reflects more realistic expectations in comparison with the current objectives.

2. The list focuses on what student should be able to know for cells, tissues, then organs. Later objectives focus on practical skills the students need to do, such as, laboratory experiences.

3. CTO will appear in other courses as a longitudinal curriculum topic.

4. General comment: Objectives related to self-directed learning, teamwork, etc. will be addressed by uniform terminology that will be used across courses and longitudinal curriculum topics. Once the current long list of objectives for these topics is consolidated, Adam Weinstein will bring it forward to the MEC for discussion.

   a. Are objectives #5 (Explain the organization of tissue components and the correlation with function) and #8 (Explain how cell and tissue organization contributes to organ function) redundant? Rand Swenson explained they are not redundant because the structure and function relationships are different at the tissue level when combined with the organ-level. Objective #5 is tissue function, whereas #8 is organ function.

   b. A suggestion was made to revise Objective #5 by adding ‘tissue’.

      Current: Explain the organization of tissue components and the correlation with function.

      Change to: Explain the organization of tissue components and the correlation with tissue function.

General comment: Are course leaders responsible for mapping course objectives to specific longitudinal curriculum objectives? Rand Swenson told the Committee that the longitudinal curriculum leader should be responsible to find where the topics are listed in the courses and map their objectives to the course objectives.

Alexander Lindqwister made a motion to approve the Cells, Tissues, and Organs longitudinal curriculum objectives. The motion was seconded by Falen Demsas. The motion passed by a unanimous vote.
iii. Nutrition – Rima Itani Al-Nimr, Leader

1. Adam presented the objectives on behalf of Rima who was not in attendance. These objectives were reviewed by the MEC last year and are not presented in the current format the MEC has seen in the other approved longitudinal curriculum objectives. For example, using ‘such as’ in a couple objectives is not consistent with decisions the MEC made in terms of including examples.

2. If the intent of the longitudinal curriculum objectives is to know if the longitudinal curriculum topic is adequately covered in the curriculum, then the consistency in formatting isn’t a factor because the list is for the sole purpose of the longitudinal curriculum leader to use.

3. These longitudinal curriculum objectives should be embodied in the course objectives.

General comment/discussion: One exam question might integrate several topics. The longitudinal curriculum leader will be responsible to follow the exam questions across the courses to make sure the longitudinal curriculum objectives are being assessed and met. Judging why the student didn’t get a topic correct will be difficult in an integrated question.

   a. A decision on how students will be tracked in relationship to the longitudinal curriculum topics has not been made.

   b. The MEC needs to address this important issue of assessment and evaluation.

Brooks Robey made a motion to approve the Nutrition longitudinal curriculum objectives. The motion was seconded by Larry Myers. The motion passed by a majority vote. There was 1 abstention.

8. Adjournment – Adam Weinstein, MD, MEC Chair

Dr. Adam Weinstein, Chair, adjourned the meeting at 6:00 p.m.

9. Ongoing Business

   • 4th Year Curriculum
   • Duty Hours
   • Evaluation Oversight Committee
   • Curricular Evolution Subcommittee
   • LCME Oversight Committee

10. Future Meetings

    *** Please note these meetings are on the 3rd 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