

Meeting Date: Tuesday, February 26, 2019
 Time: 4:00 – 6:00 p.m.
 Meeting Location: DHMC – Auditorium F
 Approval: March 26, 2019
 Recorded By: Glenda H. Shoop

ATTENDANCE

Faculty Voting Members

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

Student Voting Members Year 1

Mia Bertalan (Student-1 st Yr. Rep)	X	Falen Demsas (Student-1 st Yr. Rep)	X	Joe Minichiello (Student-1 st Yr. Rep)	X	Michael Sramek (Student-1 st Yr. Rep)	X
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Student Voting Members Year 2

Bessen, Sarah (Student-2 nd Yr. Rep)	--	Del Favero, Natalie (Student-2 nd Yr. Rep)	X	Lindqwister, Alexander (Student-2 nd Yr. Rep)	X	Stanko, Kevin (Student-2 nd Yr. Rep)	X
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Student Voting Members Year 3

Bachour, Kinan (Student-3 rd Yr. Rep)	--	Berkowitz, Julia (Student-3 rd Yr. Rep)	--	Bhushan, Vivian (Student-3 rd Yr. Rep)	--	Di Cocco, Bianca (Student-3 rd Yr. Rep)	X
Kettering, Alexander (Student-3 rd Yr. Rep)	--	Warren, Celestine (Student-3 rd Yr. Rep)	O				

Student Voting Members Year 4

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

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

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

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

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 the January 15th meeting minutes – Adam Weinstein, MD

Eric Loo made a motion to approve the January 2019 minutes. The motion was seconded by Alex Lindqwister. The motion passed by a majority vote. One member abstained.

4. Student Issues/Feedback

1. Alex Lindqwister and Sylvia Guerra presented information on the ‘Grade Nomenclature’
 - o The presentation and subsequent discussion focused on 2 issues of inconsistency:
 1. The students report that course directors do not handle course failures uniformly and some allow students a final exam retake before sending the final grade to the registrar, and others do not. In the former case, the failure on the first exam doesn’t move forward to the Committee on Student Performance and Conduct (CSPC) whereas in the latter case, the student’s performance moves forward to the CSPC.
 2. Mikki Jaeger, Registrar, clarified the transcript notation: (1) a P* means a course was repeated. In this case, the F for a course failure remains on the transcript and the course is also noted with the P*, which notes that the course was passed on a repeat

enrollment in the course; (2) if the course grade is raised by a re-examination, the grade should be noted on the transcript as a P with no *; underneath there is a statement, (*grade raised by re-exam*). There is no F on the transcript in this case, rather just a P with a statement underneath (*grade raised by re-exam*).

- The inconsistencies noted above can lead to 2 students, who have the same experience in two separate courses, having different grades on the transcript. One student can retake the exam before the grade is issued to the Registrar and get a P; the other student can retake the exam after the grade is issued and can get an F, move forward to the CSPC, take a re-exam, and have this changed to P with a notation (*grade raised by re-exam*).
- The students shared some information about a handful of peer institutions' grade notation practices:
 - Harvard – unclear policy; approaches grading with a growth/development orientation in contrast to a performance orientation; replaces F with a P once a course is passed.
 - University of Pennsylvania – Unsatisfactory is a temporary grade replaced with a P if remediation is successful, or an F remains if remediation is not satisfactory.
 - Stanford University – when a student fails an exam, a marginal pass grade may be submitted. When the student achieves a passing score on the re-take exam, the transcript is changed to show a P and no longer recorded as marginal. Marginal Pass grades are used for internal tracking.
 - University of Rochester – the Marginal Pass grade is only used for internal tracking purposes. The transcript shows a P once the student passes the course criteria.

The students shared information about schools that allow students to retake an exam once without active remediation, and upon a passing score, the transcript doesn't reflect the failure in any way (not even a note that says "grade raised by re-exam").

- The students are concerned that the current way Geisel notes grades on transcripts could put them at a disadvantage in the residency interviews and match. It's possible that a student from one of these peer institutions who performs the same as a Geisel student will show a P on the transcript, while the Geisel student will show a P with a notation (*grade raised by re-exam*).
- Mikki Jaeger read the following transcript guideline published by the AAMC's Committee on Student Records. Geisel's notation on transcripts attempts to come in line with these national guidelines.
(<https://www.aamc.org/download/448960/data/theguidelinesformedicalschooolsregardingacademict transcripts.pdf>)
 - *'A grade of "Unsatisfactory," "Marginal Pass," "Fail" or an equivalent grade should be recorded for a course in which a student has not demonstrated mastery of the course requirements outlined in the course syllabus. Grades of "Unsatisfactory," "Marginal Pass," "Fail," etc., are permanent grades; these grades should not be removed or replaced on the transcript after the course has been remediated or repeated, even if the passing grade is accompanied by a special notation. The practice of removing or replacing grades of "Unsatisfactory," "Marginal Pass," "Fail," etc. on the academic is inconsistent with the representation of an unabridged record.'*
- In the launch of the new curriculum, the course leaders will need to be mindful of our grading system and cutoffs so students are not penalized if the results of the curriculum suggest a cutoff may have been unintentionally overly strict.
- Direct student quotes were provided to give examples for why this issue has been brought forth to the MEC and show how the current system causes increased stress level among the students.
- Proposal
 1. Reach consistency in (a) applying the policy across the courses in Phase I and (b) how grades are evaluated.
 2. Write a clear definition of remediation and determine what certifies as a successful remediation.

3. Think more broadly, philosophically, what are we trying to get out of the preclinical curriculum.
4. The school's Principles of Assessment clearly state that the school needs to have policies in place that make Pass and Fail grades clear and implemented consistently, transparently, and fairly across all courses. Therefore, the school needs a policy to ensure that exam failures are handled in the same way.
5. The inconsistencies in our current curriculum will also be discussed among our Year 2 directors and leadership to ensure next year a policy that is consistent, transparent, and fair is implemented.
6. A message should be sent from the Registrar to the Year 1 and 2 students explaining the transcript notations, to clarify any potential misunderstandings as well. The Year 1 and 2 faculty should also receive this message, either from the Registrar or from the curricular deans/leadership.

5. Consent Agenda

- Phase I: Longitudinal Curriculum: Leadership and Professional Development – *Cathy Pipas, MD, Longitudinal Curriculum Leader*
 - The leadership and Professional Development objectives were approved by the MEC a year ago as part of the report written by the Vertical Integration Group led by Cathy Pipas.
 - Leadership-related session objectives were mapped to the competencies.
- Grade Appeal Policy Update – John Dick, MD
 - Revisions that were made to the policy
 - Definitions were added for course leaders and clerkship director
 - Nomenclature changed to fit the new Phase I terminology
 - No content was changed

Michael Sramek made a motion to approve the Consent Agenda items:

1. *Phase I: Longitudinal Curriculum objectives for Leadership and Professional Development*
2. *The revised Grade Appeal Policy.*

The motion was seconded by Mark Spaller. The motion passed by a unanimous vote.

6. Old Business

7. New Business

- Y4 Capstone Course – Quality Improvement Content – *Alison Holmes, MD, MPH*
 - Alison Holmes made a proposal to change the QI Project, which is a portion of the Health care Delivery Science theme in the Year 4 Capstone course.
 - Background Information
 - There are three themes in the Year 4 Capstone course: (1) Clinical Pharmacy and Therapeutics; (2) Advanced Medical Sciences; and, (3) Health Care Delivery Science.
 - Health Care Delivery Science has 3 components: (1) Policy Finance Value and Values; (2) Interprofessional Education (IPE); and, (3) Quality Improvement (QI) project.
 - In the QI project, students work on real-world, mostly clinical issues, meeting weekly throughout the 7-week, Year 4 Capstone course.
 - The proposal is focused on changing the time and format of the QI project.
 - Keep the current course objectives for QI.

- Increase the time to complete the QI project to 6-9 months, depending on the logistics.
- Begin in June during the time the class is together for the ICE course; beginning in September is a possibility; in the new curriculum, the post-clinical immersion years begin in April, which gives more lead time and lends more flexibility.
- Students would meet once for month until the start of the Year 4 Capstone course.
- The students would continue to meet during the Capstone course to complete the final phase of the project.
- Credits will remain as part of the capstone course.
- Reasons for the Proposal
 - Good QI work takes time to for a project to move forward and measure the resultant changes.
 - The current 7 weeks is not enough for a quality student experience with QI work.
 - Pedagogical reasons that supported the increased time.
 - Finding faculty to facilitate in the current structure is difficult.
 - Student feedback showed frustration for the short length of the previous version though that version was only 3-4 weeks rather than this year's 7 weeks.
- Advantage of this proposal
 - Give a more realistic experience that's less compressed for the project to be completed.
 - Maintains the current Capstone time for the final completion of the project and prepare for the presentation of the students' work.
 - Creates the possibility to reach a long-term goal to make these IPE teams.
 - Improve faculty recruitment.
- Discussion about the proposal
 - Feasibility is an issue.
 - Time between June and December is a stressful time for students. This proposal might place an additional level of stress as it's perceived as one more thing to worry about.
 - The summer is particularly busy for the students, which makes a start date in September more attractive due to taking Sub-Is in the summer.
 - Students may not have the ability to make the meetings due to their schedules, geographic distribution, and attention on their residency applications and interviews. These interviews are a large time commitment and may be different for one student to another.
 - On the other hand, faculty regularly partake in multi-institutional committees and projects and make time to participate in meetings through videoconferencing and phone calls; missing one or two meetings is not an issue either as the team keeps them current on the project.
 - Other medical schools who have this format in place conduct it over time and space during the proposed time of a year. The students determine when they will meet.
 - Students who split and make status-change decisions at the end of Phase II will not affect the proposed changes. It's best if a student who splits does this project at the end of their last year.

- Proposal
 - Analyze the feasibility issues critically and address the legitimate concerns to move forward universally.
 - Pilot the proposed changes as a feasibility trial to see if it works and work out the kinks
 - Students in the pilot would have to self-select as a group since the QI groups are based on areas of interest.
 - Explore how students could be enticed to participate in a pilot. Can additional elective credit be given for the extra time involved?
- Student Workload Policy: Clinical – John Dick, MD
 - Policy was presented to the Clerkship Directors Clinical Education (CDCE) meeting. Clerkship directors voted unanimously to keep the policy the same.
 - Data shows it's a rare event that students report going over the work hours. However, when they do it's over 80 hours/week, commonly on internal medicine services in the first half of the year. More often than not, when it happens on the surgical clerkship, it's by student choice to stay in the OR for a case.
 - 1-in-3 call every night doesn't happen because of the clerkship schedules.
 - Average of 1 day off a week is often misinterpreted by the students. The way some clerkships run on change-over weeks, both days of the weekend are off, and next weekend you might work 10 days without a day off.

Paul Hanissian made a motion to approve the Student Workload Policy: Clinical. The motion was seconded by Chris Rees and Marek Svoboda. The motion passed by a unanimous vote.

- Pediatric Clerkship – John Dick, MD; Adam Weinstein, MD; Frances Lim-Liberty, MD, Natasha Merali
 - Adam Weinstein presented the findings from the Pediatric Clerkship review
 - Course objectives: Action plan
 - Objective #2: Added nutrition in order to cover the considerable nutrition content that already is present in the Clerkship.
 - Objective #14: Added 'adhere to ethical standards' (instead of "high moral").
 - Plan to work with Patients and Populations to integrate content entered in the Phase I curriculum.
 - Put plans in place for improved student feedback.
 - Address the concern from students that residents and interns were not interested in teaching.

James Saunders made a motion to approve the Pediatric Clerkship review and action plan. The motion was seconded by Carolyn Murray. The motion passed by a unanimous vote.

- Phase I: Cardiovascular Medicine – Anthony Gemignani, MD; Terrence Welch, MD; John Butterly, MD
 - Offered in January-March
 - 100 course hours proposed
 - Large components are SBM, CV physiology, CV pharmacology, significant portions of the Longitudinal Curricula
 - Integration will be accomplished by connecting with course leaders within and across blocks, and the appropriate Longitudinal Curricula leaders. The goal is to work with material that students learned previously in other courses and use the same language. Examples of issues that need to be coordinated and integrated are DVT, obesity, PEs, coagulation cascade, epidemiology, biostats, etc.
 - Suggested revision to Objective #16 was to add 'sex-related issues':
 - **Current:** Identify and discuss important ethical, socioeconomic, psychological, racial, and gender-related issues in the practice of cardiovascular medicine.

- **Change to:** Identify and discuss important ethical, socioeconomic, psychological, racial, and gender- and *sex-related* issues in the practice of cardiovascular medicine.

There was a general consensus among the members that in this particular course, both gender-related issues and sex-related issues are relevant. (AAMC provides a glossary for these terms.)

James Saunders made a motion to approve the Cardiovascular Medicine course description and objectives with the understanding that Objective #16 will be revised to

Identify and discuss important ethical, socioeconomic, psychological, racial, and gender- and sex-related issues in the practice of cardiovascular medicine.

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

- Phase I: Longitudinal Curriculum: Pharmacology – *Mark Spaller, PhD, Longitudinal Curriculum Leader*
 - Currently, there are 2 separate pharmacology courses: one is the more traditional block, while the other is distributed across the Year 2 SBM courses. Each course has its own set of objectives. The focus is in understanding the pharmacologic principles for prescribing medication.
 - In the new plan, 31 objectives were distilled to 8 for the longitudinal curriculum. This number could change as Mark meets with the course leaders to know exactly what is needed to be covered.
 - Objective #4 was discussed in terms of its relevancy for a skill Year 1 and 2 students need to learn. This objective is about calculation. Since Step 1 does test for this, the decision was to keep this objective.
 - Controlled substances and substance use are covered elsewhere in the curriculum, which could be points of collaboration.
 - Suggested revision to Objective #7 was to rewrite it using a different verb.
 - **Current:** Explain the requirements to write a proper and legal prescription, and what is required to insure a patient is fully counseled about their medications and demonstrate the skills necessary for assisting patients to understand treatment options.
 - **Change to:** Generate a proper and legal prescription, explain what is required to ensure a patient is fully counseled about their medications, and demonstrate the skills necessary for assisting patients to understand treatment options.

Joe Minichiello made a motion to approve the Pharmacology longitudinal curriculum objectives with the understanding that Objective 7 will be revised to

Generate a proper and legal prescription, explain what is required to ensure a patient is fully counseled about their medications, and demonstrate the skills necessary for assisting patients to understand treatment options.

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

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

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

9. Ongoing Business

- Evaluation Oversight Committee
- LCME Oversight Committee
- Enrichment Electives
- Year 4 Capstone (Spring 2019)
- Grading Policy (Spring 2019)

10. Future Meetings

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

- April 23, 2019 *4th Tuesday
- May 21, 2019
- June 18, 2019
- July 16, 2019
- August 20, 2019
- September 17, 2019