

Meeting Date: Tuesday, March 26, 2019  
 Time: 4:00 – 6:00 p.m.  
 Meeting Location: DHMC – Auditorium G  
 Approval: Tuesday, April 23, 2019  
 Recorded By: Glenda H. Shoop

**ATTENDANCE**

**Faculty Voting Members**

<b>Ames, James</b> (Clinical-Orthopedics)	--	<b>Crockett, Sarah</b> (Clinical-Emergency Medicine)	X	<b>Hanissian, Paul</b> (Pre-Clinical- SBM Reproduction; Clinical-Obstetrics and Gynecology)	--	<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)	O	<b>Nelson, Bill</b> (Pre-Clinical and Clinical- Health and Values VIG)	X	<b>Rees, Judy</b> (Pre-Clinical-Epidemiology)	--	<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)	X
<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)	X	<b>Falen Demsas</b> (Student-1 <sup>st</sup> Yr. Rep)	X	<b>Joe Minichiello</b> (Student-1 <sup>st</sup> Yr. Rep)	X	<b>Michael Sramek</b> (Student-1 <sup>st</sup> Yr. Rep)	X
--	---	--	---	---	---	--	---

**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)	--
---	----	---	----	--	----	---	----

**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)	X	<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)	--				

**Student Voting Members Year 4**

<b>D'Agostino, Erin</b> (Student-4 <sup>th</sup> Yr. Rep)	--	<b>Kuczarski, Thomas</b> (Student-4 <sup>th</sup> Yr. Rep)	O	<b>Merali, Natasha</b> (Student-4 <sup>th</sup> Yr. Rep)	X	<b>Ramos, Joshua</b> (Student-4 <sup>th</sup> Yr. Rep)	X
--	----	---	---	---	---	---	---

**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)	O	<b>Svoboda, Marek</b> (Student-MD/PhD Rep)	X
---	----	--	----	---	---	---	---

Present = X / Absent = -- / Excused = O

Non-Voting Members							
<b>Albright, Amanda</b> (Computing)	--	<b>Brown, Lin</b> (Pre-Clinical-Year II Co-Director)	--	<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>Eidson, William</b> (Director, Learning Services)	--	<b>Fountain, Jennifer</b> (Year II Curric. Mng)	X	<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)	--	<b>McAllister, Stephen</b> (Computing)	--	<b>Montalbano, Leah</b> (Assessment & Evaluation)	X
<b>Nierenberg, David</b> (Year 2 Associate Dean)	--	<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 Faculty Master Educators	
(Faculty Development)		(TDI)					
Guest(s)		Guest(s)		Guest(s)		Guest(s)	
Wendy Wells, MD (Longitudinal Curriculum Leader, Pathology)		Candice Black, MD (Longitudinal Curriculum Leader, Pathology)		Steven Bensen, MD (Course Leader; GI, Metabolism, and Nutrition)		Younji (Angie) Lee and Stephen Conn (DICE Reps)	

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**

Greg Ogrinc thanked Adam for his contribution and service as the MEC chair for the past 3 years, acknowledged his excellent leadership and work with the Committee, and announced that Adam has agreed to chair the Committee for another 3-year term.

**3. Approval of the February 26, 2019 meeting minutes – Adam Weinstein, MD**

*Mark Spaller made a motion to approve the February 26, 2019 minutes. The motion was seconded by Eric Loo. The motion passed by a unanimous vote.*

**4. Student Issues/Feedback**

No issues or feedback were brought forward.

**5. Consent Agenda**

**6. Old Business**

**7. New Business**

- Preclinical Attendance Policy Proposal – *Virginia Lyons, PhD*
  - Proposed changes to the attendance policy relate to two areas: tardiness and discretionary days off
    - Tardiness
      - The current attendance policy has no guidelines for tardiness
      - The proposal is to add a statement that five or more incidences of tardiness would be addressed and trigger a conversation.
      - The Committee discussed the terms for tardiness: 7 minutes late? 10 minutes late?
      - The policy statement would apply to required sessions, which are listed in the policy (small groups, labs, patient panels, etc.). The trigger for a tardiness infringement might differ depending on the type of session, and may be more strictly interpreted for sessions involving patient panels.
      - Team-based Learning should fall under this policy statement because it does operate with small groups, which require attendance.
      - There were opinions to view this change in policy as a learning experience; thus, keeping tardiness strictly defined as “by the scheduled time” may help students get accustomed to the expectations for their clinical rotations.
    - Discretionary days off
      - The proposal is to align the attendance policy similarly to a work environment policy, whereby the students (like employees) are given a specific number of days to use for discretionary purposes.
      - Five discretionary days were suggested and these days would apply to the full term for Phase I.
      - These days do not relate to sick days. If a student is ill, make-up experiences should be offered. If the student elects to take a day off, the student is responsible to catch up on missed material.
      - A student member of the Committee suggested that students will ultimately benefit if the preclinical phase attendance policies, etc. are aligned – in as much as possible – with the expectations in the clinical phase.
      - Preclinical staff will be responsible for bringing attendance sheets to the learning space (small group room, etc.).
      - Online forms will be developed for Phase I and the preclinical staff are working with Alison Ricker in clinical education to get this done.
    - Action Items
      - Virginia Lyons will make revisions based on this conversation and send the revised version out to the Committee.
      - Adam Weinstein, Virginia Lyons, and John Dick will meet to discuss how to align the Phase 1 policy with Phase 2/3 policy.
      - The policy will be reviewed again at the April or May MEC meeting.
- Common Course Objectives – *Virginia Lyons and Adam Weinstein*
  - Common Course Objectives are in 4 sets, distributed under 4 Geisel competencies: (1) Communication Skills; (2) Personal, Professional and Leadership Development; (3) Professionalism; and (4) Collaboration and Teamwork.
    - Brian Reid listed all the current pre-clinical course objectives that mapped to these four Geisel competencies. Virginia Lyons and Adam Weinstein distilled the long list into this proposed list of common course objectives.
    - Course leaders can choose those common course objectives that apply to their course. Course leaders may still create their own objective(s) if what they intend to teach isn't listed on this common global list.

- These objectives need to be included on the list of course objectives in order for them to be mapped.
    - If one of these global objectives is chosen for the course, it needs to be included in the course's learning assessment plan. Students need feedback on how they are mastering these objectives.
  - Ethics and Human Values' longitudinal curriculum objectives coincide with this global list. (Common Objectives #4 and #3.)
    - Bill Nelson will coordinate with the course leaders to eliminate redundancy.
  - How these common sets of objectives are integrated across the curriculum is important to follow. The Committee encourages communication and collaboration across courses and across phases to ensure integration does occur across the curriculum.
  - Course leaders will need to assess how these common objectives align with what they currently have their list of course objectives – what works? What's missing?
  - Action Items
    - Share the common course objective list with the course leaders to get feedback.
    - Postpone the vote until the April meeting.
- Phase I: Foundations of Medical Science and Practice: Application to Cancer – *Larry Myers, PhD*
  - Larry gave updates from Review #1
    - Moderate changes were made to the objectives related to Childhood Development, Health, and Illness.
      - CHDI.FNDS – Contrast pediatric health and illness with that of adults and explain the impact of age and development on the differential diagnosis of disease in childhood.
      - CHDI.FNDS – Discuss the special measures taken when approaching pediatric patients with cancer.
    - An objective related to the clinical practice of oncology was added for the clinicians who come to teach.
      - ONC.FNDS – Describe, in broad terms, the goals of the diverse team of healthcare providers charged with the prevention, diagnosis and treatment of cancer.
    - An objective related to learning how to be a learner was added.
      - LRNG.FNDS – Identify and apply effective learning strategies necessary for improving one's performance in the study and practice of medicine.
      - Bill Eidtson will be partnering with Larry to teach students how to learn in a specific method of instruction
  - In-class material and experiences will engage students in learning.
  - Actual course hours came under the number or MEC-approved course hours.
  - Schedule of sessions – a typical week – was displayed:
    - Week begins with lectures to introduce the subject material and orient the students.
    - No more than one engaged-learning session in a day and it will be planned for the first session each morning.
    - Various lectures will be sprinkled in during the week to introduce important material.
    - Knowing a student can fall behind quickly, Larry will offer an optional review at the end of the day.
  - Case sessions and small-group sessions are where the common objectives will be assessed.
  - The course will be heavy in Team-based learning and meets the requirement for maximum of 40% lecture.
  - Online quizzes for formative assessment will be offered on weekends that aren't before a formal in-class assessment. Students can take these quizzes on their own.

- Formative assessment will account for a low percentage of the grade.
- First block of course will focus on the consolidation of knowledge.
  - Small groups
  - Reading of the literature
- Second block of the course will focus largely on genetics.
- Third block of the course will focus largely on the integration of material and application to oncology.
- First and second quizzes are close together. Larry explained that quizzes are scheduled by blocks of content, and for now their timing on the schedule is an approximation.
- A portfolio will be helpful for feedback and using a common form of assessment.
- Students felt there were a lot of assessments (mostly aimed at all the IRATs) and wondered how much work it would take to prepare. IRAT questions are written to be challenging so there can be a team discussion.
  - TBL on consecutive days may be a problem, but Larry is aware.
- This is the Foundations final MEC review before implementation.

*James Saunders made a motion to approve the Foundations of Medical Science and Practice: Application to Cancer final review. The motion was seconded by Michael Sramek and Eric Loo. The motion passed by a majority vote. There was one abstention.*

- Phase I: Gastrointestinal System, Metabolism, and Nutrition – Steven Bensen, MD; Larry Myers, PhD
  - GI metabolism is being integrated into the course.
  - The new course is taking more concrete ownership of nutrition.
  - Course hours = 112.
  - The challenge for next year is the teaching load. The current SBM GI course and this new course will be back to back for approximately 5 months of teaching.
  - Longitudinal curricular content will show up mostly in cases.
  - Key longitudinal curriculum topics are pharmacology, nutrition, anatomy, embryology, CTO, pediatrics, imaging, pathology, Infection and Immunology, physiology. The remaining longitudinal curriculum topics will be worked into primarily PBL cases.
  - The objectives were presented to show the course will cover the normal state and how the GI organs work together; pathology of the GI system; biochemistry, pediatrics; genetics (inherited diseases); approaches to evaluation and treatment; imaging, evidence-based studies; pharmacology; nutrient intake metabolism; metabolism; and ethical implications.
  - 2 new objectives (#15 and 17) were written to focus on immunology and obesity.
  - The course occurs before the renal medicine course; therefore, it is important that the course leaders meet to decide where certain topics, such as transport, absorption, epithelium, etc., will be covered.
  - Areas of overlap
    - Endocrinology. Steve already met with the course leaders: Susan Yuditskaya and Rich Comi.
    - Reproductive Medicine.
    - All three courses overlap at one point, which gives the course leaders an opportunity to build a case that involves all three areas.
    - Patients and Populations. Potential areas for alignment and integration: population medicine, variation of health care delivery, screening, etc. This lends themselves to be covered in a PBL format.
    - On-doctoring. Potential areas for alignment and integration: abdominal exam, screening, etc.
  - Action Items
    - Adam Weinstein, Brooks Robey, Steve Benson, and Larry Myers will meet to discuss content in renal physiology that is important to GI.

*Falen Demsas made a motion to approve Review #1 of the Gastrointestinal System, Metabolism, and Nutrition course. The motion was seconded by James Saunders. The motion passed by a unanimous vote.*

- Phase I: Longitudinal Curriculum: Biochemistry – *Larry Myers, PhD, Longitudinal Curriculum Leader*
  - The list of objectives is based on the National Association of Medical Biochemistry Educators' overarching competencies that should be included in an integrated medical school curriculum.
  - Eight of the competencies were selected, for which the course leaders can use to think about how they can integrate the competency(s) into their courses.

*Michael Sramek made a motion to approve the Longitudinal Curriculum Objectives for Biochemistry. The motion was seconded by Julia Berkowitz and Eric Loo. The motion passed by a unanimous vote.*

- Phase I: Longitudinal Curriculum: Pathology – *Wendy Wells, MD; Candice Black, MD, Longitudinal Curriculum Leaders*
  - The list of objectives is based on the Association for Pathology publications stating what a pathology curriculum should be throughout 4 years of medical school.
  - Goal is to emphasize for the students how pathology significantly relates to disease.
  - The objectives are broad so course leaders can easily integrate them into the course.
  - These objectives touch on more than one Geisel program objective.

*Michael Sramek made a motion to approve the Longitudinal Curriculum Objectives for Pathology. The motion was seconded by Eric Loo. The motion passed by a unanimous vote.*

- Phase I: Longitudinal Curriculum: Ethics and Human Values – *Bill Nelson, PhD, Longitudinal Curriculum Leader*
  - The longitudinal integration for Ethics and Human Values has been going on for several years.
  - 19 objectives and 12 sub-objectives were presented. The number of objectives is reduced from earlier lists because Race and Health Equity is a new longitudinal theme; therefore, some previous objectives moved to that longitudinal curriculum. Stephanie White, the leader for the Race and Health Equity longitudinal curriculum, is working with Bill.
  - The objectives address compassion and empathy. They cover social justice issues and the ethical ramifications of such communication. Social determinants of health are addressed in terms of ethical implications. Organizational issues and system of health care delivery are also addressed, specifically related to conducting an ethical analysis, etc. and building in QI tools, thinking, and methodology.
  - Suggestions were made to revise 2 objectives:
    - Current: Understand basic ethics principles and professional standards related to the delivery of health care.
    - Change to: Identify basic ethics principles and professional standards related to the delivery of health care.
    - Current: Recognize ethical implications of key areas of health disparities driven by race, ethnicity, socio-economic, culture, religion or sexual identity, and be able to critically evaluate data describing health disparities.
    - Change to: Recognize ethical implications of key areas of health disparities driven by race, ethnicity, socio-economic, culture, religion, gender identity or sexual identity, and be able to critically evaluate data describing health disparities.

*Eric Loo made a motion to approve the Longitudinal Curriculum Objectives for Ethics and Human Values with the understanding that the following changes will be made to two objectives:*

- 1. Current: Understand basic ethics principles and professional standards related to the delivery of health care. Change to: Identify basic ethics principles and professional standards related to the delivery of health care.*
- 2. Current: Recognize ethical implications of key areas of health disparities driven by race, ethnicity, socio-economic, culture, religion or sexual identity, and be able to critically evaluate data describing health disparities. Change to: Recognize ethical implications of key areas of health disparities driven by race, ethnicity, socio-economic, culture, religion, gender identity or sexual identity, and be able to critically evaluate data describing health disparities.*

*The motion was seconded by Michael Smarek. 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 5:48 p.m.

**Ongoing Business**

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

**Future Meetings**

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

- April 23, 2019 \*4<sup>th</sup> Tuesday
- May 21, 2019
- June 18, 2019
- July 16, 2019
- August 20, 2019
- September 17, 2019