

Meeting Date: Tuesday, April 23, 2019  
 Time: 4:00 – 6:00 p.m.  
 Meeting Location: DHMC – Auditorium F  
 Approval: May 21, 2019  
 Recorded By: Glenda H. Shoop

**ATTENDANCE**

**Faculty Voting Members**

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

**Student Voting Members Year 1**

|  |   |  |    |   |   |  |   |
|--|---|--|----|---|---|--|---|
| <b>Mia Bertalan</b><br>(Student-1 <sup>st</sup> Yr. Rep) | X | <b>Falen Demsas</b><br>(Student-1 <sup>st</sup> Yr. Rep) | -- | <b>Joe Minichiello</b><br>(Student-1 <sup>st</sup> Yr. Rep) | X | <b>Michael Sramek</b><br>(Student-1 <sup>st</sup> Yr. Rep) | X |
|--|---|--|----|---|---|--|---|

**Student Voting Members Year 2**

|   |    |   |   |  |   |   |   |
|---|----|---|---|--|---|---|---|
| <b>Bessen, Sarah</b><br>(Student-2 <sup>nd</sup> Yr. Rep) | -- | <b>Del Favero, Natalie</b><br>(Student-2 <sup>nd</sup> Yr. Rep) | X | <b>Lindqwister, Alexander</b><br>(Student-2 <sup>nd</sup> Yr. Rep) | X | <b>Stanko, Kevin</b><br>(Student-2 <sup>nd</sup> Yr. Rep) | X |
|---|----|---|---|--|---|---|---|

**Student Voting Members Year 3**

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

**Student Voting Members Year 4**

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

**Student Voting Members MD/PhD**

|   |    |  |   |   |   |   |    |
|---|----|--|---|---|---|---|----|
| <b>Chidawanika, Tamutenda</b><br>(Student-MD/PhD Rep) | -- | <b>Emiliani, Francesco</b><br>(Student-MD/PhD Rep) | X | <b>Rees, Christiaan</b><br>(Student-MD/PhD Rep) | X | <b>Svoboda, Marek</b><br>(Student-MD/PhD Rep) | -- |
|---|----|--|---|---|---|---|----|

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

| Non-Voting Members  |    |  |   |   |    |  |    |
|---|----|--|---|---|----|--|----|
| <b>Albright, Amanda</b><br>(Computing)                      | -- | <b>Brown, Lin</b><br>(Pre-Clinical-Year II Co-Director)  | X | <b>Dick, III, John</b><br>(Associate Dean, Yrs. III, IV)                      | -- | <b>Duncan, Matthew</b><br>(Assoc. Dean, Student Affairs) | -- |
| <b>Eastman, Terri</b><br>(Pre-Clinical Curriculum Director) | X  | <b>Eidtson, William</b><br>(Director, Learning Services)   | X | <b>Fountain, Jennifer</b><br>(Year II Curric. Mng)                            | X  | <b>Guerra, Sylvia</b><br>(DICE Rep)                      | -- |
| <b>Hamel, Ashley</b><br>(DICE Rep)                          | -- | <b>Jaeger, Michele</b><br>(Registrar)  | X | <b>Kerns, Stephanie</b><br>(Libraries Sciences)                               | X  | <b>Kidder, Tony</b><br>(Year I Curric. Mng.)             | -- |
| <b>Lyons, Virginia</b><br>(Assistant Dean, Year I)          | X  | <b>Manning, Harold</b><br>(Program Manager, SBM)   | O | <b>McAllister, Stephen</b><br>(Computing)                                     | -- | <b>Montalbano, Leah</b><br>(Assessment & Evaluation)     | X  |
| <b>Nierenberg, David</b><br>(Year 2 Associate Dean)         | -- | <b>Ogrinc, Greg</b><br>(Senior Associate Dean for Medical Education)   | X | <b>Pinto-Powell, Roshini</b><br>(Assoc. Dean Student Affairs)                 | -- | <b>Reid, Brian</b><br>(Computing)                        | X  |
| <b>Ricker, Alison</b><br>(Clinical Curriculum Director)     | -- | <b>Shoop, Glenda</b><br>(Associate Dean for Undergraduate Medical Education Administration)                                  | X | <b>Swenson, Rand</b><br>(LCME, Chair Dept Med Ed)                             | X  | Chair, Geisel Academy of Faculty Master Educators        |    |
| (Faculty Development)                                       |    | (TDI)  |   |   |    |  |    |
| <i>Present = X / Absent = -- / Excused = O</i>              |    |  |   |   |    |  |    |
| Guest(s)  |    | Guest(s)   |   | Guest(s)  |    | Guest(s)   |    |
| Leslie DeMars, MD (Course Co-Leader, Reproductive Medicine) |    | Brenda Sirovich, MD (Course Director, Patients and Populations); Susan Shaker (Course Coordinator, Patients and Populations) |   | Susan Yuditskaya, MD, and Richard Comi, MD (Course Co-Leaders; Endocrinology) |    | Stephen Conn (DICE Reps)                                 |    |
| Guest(s)  |    | Guest(s)   |   | Guest(s)  |    | Guest(s)   |    |
| Justin Mowchun, MD (Clerkship Director, Neurology)          |    |  |   |   |    |  |    |

- **Call to Order** – Adam Weinstein, MD, MEC Chair

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

- **Announcements** – Adam Weinstein, MD

The policy that discusses definition of ‘required sessions’ was clarified and noted to include a stipulation that course directors/leaders can request for a session, typically a non-required session, to be required. This was put in place recently with regard to a visiting instructor lecture. The reason is that when professors travel to Geisel to give a lecture, the commitment deserves student attendance. The applicable curricular dean grants approval.

- **Approval of the March 26, 2019 meeting minutes** – Adam Weinstein, MD

*James Ames made a motion to approve the March 26, 2019 minutes. The motion was seconded by Eric Loo and Sarah Crockett. The motion passed by a unanimous vote.*

- **Student Issues/Feedback**

- Alex Lindqwister brought the MEC’s attention to the Year 3 elective process – how Year 2 students choose their Year 3 electives – by describing several issues:
  - Timing.

- a. The system opened 2 weeks before final exams and 2 weeks before the USMLE Step 1 dedicated study period.
    - b. The process opened at 5:00 p.m. on a first-come first-serve basis.
      - The system was not able to handle the volume of 92 students when it opened and the students felt like the system crashed.
      - Information about pre-requisites for the electives was not available in advance, and at the time of choosing the electives, the pre-requisites were unclear or not posted.
      - Guidance on how to handle scheduling issues was unclear in situations when an elective overlapped with a clerkship. Students are expected to contact the elective coordinator/director to work out scheduling issues.
      - Electives are often the 1<sup>st</sup> exposure to a discipline a student might be considering for a career choice, and the year 2 students were challenged by current process
  - The students feel the entire process was stressful, confusing, and added to their frustration.
  - Geisel's Registrar, Mikki Jaeger, hearing about these problems for the first time was able to explain the reasons behind decisions that were made for the process. For example, the 5:00 p.m. opening was chosen to minimize the slowdown in OASIS. While she has been working with the OASIS team to add more bandwidth, the system is at its capacity.
  - A survey was distributed to the class by MEC student representatives about the process and to gather suggestions for improvement. The students feel the following would be beneficial:
    - Make the elective process similar to how students select their clerkship schedules.
    - Update and publish the elective catalogue, which includes the pre-requisites, each year.
    - Change the registration date to a reasonable date before finals and the dedicated study period.
    - Release elective options before scheduling.
  - Mikki asked to meet with the students, and felt a meeting involving the Office of the Registrar, Office of Clinical Education, and the students would be helpful to make this process better for next year.
  - MEC members – faculty and clinical students – tried to alleviate the current frustrations felt by the class confirming that the MEC is committed to the well-being and education of the students.
  - Action Step – The Office of Medical Education will schedule a meeting for the Registrar's Office, Office of Clinical Education, and a group of current Year 2 and Year 1 students to talk about what can be improved with the current elective selection process.
- **Consent Agenda**
    - SBM Cardiology Course Review – *David Nierenberg, MD, Associate Dean for Year 2; Terrance; Anthony*
      - Agenda item postponed to the May 21, 2019 MEC meeting. Adam wanted to allow more time for members to read through the review.
    - Assessment Method Guidelines – *Leah Montalbano, MPA, Evaluation Manager*
      - Page 17: Peer Assessment – Definition is unclear, and a request for modification was made. This definition comes from MedBiquitous, and it was kept as written because this is what we need to report on for the AAMC. Decision was to keep it as is since we're staying with the MedBiquitous definitions for all other assessment methods.
    - Common Course Objectives
      - Common course objectives were distributed to all course leaders for input after the March MEC meeting. The document was revised based on the feedback.

- These objectives may apply to any Phase 1 course, except the On-Doctoring and Patients and Population courses. For these two courses, the expectation is that some of these objectives, such as teamwork, will be covered in more depth or differently than in the foundational science courses. Course leaders may choose common course objectives as they apply to the course.
- A request was made to revised Personal, Professional, and Leadership Development – Objective #3 by adding ‘respectfully’ after Engage.
  - Current: Engage in active discussion and debate, taking advantage of different perspectives to advance knowledge and understanding, and improve decision-making.  
Change to: Engage respectfully in active discussion and debate, taking advantage of different perspectives to advance knowledge and understanding, and improve decision-making.
- Any common course objective that is chosen for a course needs some level of assessment. The assessment doesn’t need to result in a grade; it can be assessed by setting a criterion for performance and if the student met that level of expectation, then it can be marked as completed.

*Christiaan Rees made a motion to approve the two Consent Agenda items.*

1. *Assessment Method Guidelines.*
2. *Common Course Objectives with the understanding that Objective #3 under Personal, Professional, and Leadership Development will be revised.*

*Current: Engage in active discussion and debate, taking advantage of different perspectives to advance knowledge and understanding, and improve decision-making.*

*Change to: Engage respectfully in active discussion and debate, taking advantage of different perspectives to advance knowledge and understanding, and improve decision-making.*

*The motion was seconded by Bill Nelson. The motion passed by a unanimous vote.*

- Action Step – Revise Common Course Objectives: Personal, Professional, and Leadership Development – Objective #3.
- Old Business
- New Business
  - Grading Policy Proposal – *Leah Montalbano, MPA*
    - The Assessment Task Force has been meeting regularly.
    - Principles of Assessment and Assessment Method Guidelines have been approved by the MEC.
    - Definitions were given to evaluation and assessment.
      - Evaluation – Evaluation of our programs, courses, and faculty.
      - Assessment – Assessment of the individual student for learning.
    - The following proposals were based on 3 MEC-approved assessment principles:
      - Actionable: 3 forms of assessment is being proposed.
        - Formative Assessments
        - Benchmark Assessments
        - Final Summative Assessments
      - Consistent: A consistent breakdown for grading is proposed.
        - 20% of course grade - Formative Assessments
        - 30% of course grade - Benchmark Assessments

- 50% of course grade - Final Summative Assessments
  - A criterion-based grading scheme
  - Passing threshold will be set at 70%; students need to achieve 70% on the final exam and for the overall course grade to pass the course
- Coordinated and Integrated: Block and cumulative exams are being proposed.
  - Block exams will be used as the final summative assessment for those blocks with 2 courses. (The plan for block exams in blocks with 3 courses needs further discussion.)
    - a. Questions will be tagged to the content area, which means the students will receive 2 or 3 separate grades for the block exam (a grade for each course in the block). Performance on integrated questions will be applied to both courses in the block.
  - Cumulative, no- or low-stakes exams will be administered at 3 points in Phase I specifically to (1) give students experience taking board-style exams, (2) help students feel confident that the curriculum is preparing them for the board exam, (3) assess students' integration of content, and (4) provide feedback for the faculty on student performance so students who are not performing at the expected level will be identified, and assess how the curriculum is working. And, if specific content areas are receiving low scores, faculty have time to remedy the problem.
    - a. The timing of these exams has not been decided. They shouldn't be scheduled close to a block final exam.
    - b. The cumulative exams are not replacements for spaced-repetition.
  - Rand Swenson currently offers optional, no-stakes board-style exams after most terms in Year 2 and he reported that 50-70% of the students take the opportunity to sit for these exams.
- Patients and Populations Course Review – *Virginia Lyons, PhD; Brenda Sirovich, MD*
  - The discussion focused on the following Recommendations.
    - Address suggestions to improve the visibility of the objectives on Canvas, clarify expectations and add ethics & human values and nutrition content to objectives where appropriate; consult with the course leaders for the EHV and NUTR content regarding suggested phrasing.
    - Reevaluate prereading materials for sessions, focusing on identifying a few quality resources that would convey the necessary information (goal: reduce the density of student prework).
    - Ensure that multiple viewpoints are expressed in the course materials and sessions to encourage debate on controversial issues.
    - Reflect on assessment methods to determine the most appropriate method for a particular activity. The assessment in the winter term was uniformly praised by students because it incorporated application exercises.
    - Evaluate pre- and post-session assignments to ensure that the tasks assigned match the intended goals of the activity.
    - Consider additional opportunities to introduce social determinants of health, and ensure they are fully explored/discussed when they are introduced.
  - Brenda Sirovich, MD, thanked the review group for their time and effort to complete the review.
  - Currently, there's a dedicated research librarian workshop in Year 2, which gets mixed reviews. Up to three students meet with a biomedical librarian working on a student-specific question that is linked to the opioid crisis. The suggestion is to move this into Year 1, making it part of the 'Making a Difference' project.

- “Professionalism” currently represents 10% of the course grade. In the new assessment model, professionalism isn’t being assessed in this way as a quantitative grade and will be assessed through a different process. Patients and Populations will need to assess Professionalism via the same process as the other Phase 1 courses.

*Carolyn Murray made a motion to approve the Patients and Populations course review. The motion was seconded by Paul Hanissian. The motion passed by a unanimous vote.*

- Phase I: Reproductive Medicine (Review #1) – *Paul Hanissian, MD and Leslie DeMars, MD, Course Leaders*
  - 58 curricular hours. Occurs in the same block as Endocrinology and the GI, Metabolism and Nutrition courses.
  - This course will build on the topics taught in the Foundations and Infection and Immunology courses: breast cancer, genetics (pregnancy and infertility), immunology (pregnancy, cancer therapies, etc.)
  - The course leaders developed a completely new set course objectives for the new course, then cross-checked them with the current set. Very little content was lost in the current SBM course objectives. Gains were made in genetic factors in terms of reproduction and cancer.
  - Objectives are organized in the following way:
    - Objectives 1-4: Foundational material (anatomy, histology, HPO axis, embryology)
    - Objectives 5-6: Developmental (puberty and menstruation)
    - Objectives 7-12: Specific conditions (contraception, pregnancy, gynecology, breast, male)
    - Objectives 13-16: Influences on reproductive health (nutritional, genetic, ethical, societal)
    - Objectives 17-19: Screening, pharmacology, and imaging
  - Integration with other courses will be in the following areas:
    - GI, Metabolism, and Nutrition and Endocrinology: Common topic area is obesity because it has GI, metabolism, reproductive health, and endocrinology implications. Plan is to capitalize on this with a common small-group case that encompasses all three disciplines.
    - Endocrinology: HPG axis, steroid hormone biosynthesis and mechanism of action, transgender medicine.
    - On-doctoring: breast and pelvic exams.
    - Patients and Populations: Screening.

*James Ames made a motion to approve the description and objectives for the Reproductive Medicine course (Review #1). The motion was seconded by Carolyn Murray and Bill Nelson. The motion passed by a majority vote. There was one abstention.*

- Phase I: Endocrinology (Review #1) – *Susan Yuditskaya, MD and Richard Comi, MD, Course Leaders*
  - 74 curricular hours. Occurs in the same block as Reproduction Medicine and the GI, Metabolism and Nutrition courses. Course leaders for Reproductive Medicine; GI, Metabolism, and Nutrition; and Foundations are working together to identify points of synergy, integration, and coordination of material, and timing issues.
  - 21 course objectives, not counting the common course objectives, will be included in this course.
  - Course objectives were developed by using the current list of objectives. In doing so, the following vague or redundant objectives were removed:
    - Review and describe the structure and function of endocrine organs and the general principles of feedback control and homeostasis.
    - Define terms common to the discussion of patients with disorders of the endocrine system (especially diabetes mellitus, and abnormalities of pituitary, thyroid, adrenal and parathyroid glands) and review basic principles.

- Identify and discuss the integration of the endocrine system in general with focus on specific functions.
- Apply the above information to determining the pathophysiological basis of specific endocrine disorders.
- 4 new objectives were added:
  - 5. Describe the anatomical features, microscopic structure and embryonic development of components of the endocrine system and predict how altered structure would affect normal function.
  - 6. Recognize the histologic features of disease in the endocrine tissues.
  - 15. Interpret anatomical and functional imaging of endocrine glands.
  - 21. Discuss the ethical issues and racial & socioeconomic disparities that may arise specific to the practice of endocrinology.
- The lipid section in the current course was eliminated to reduce the redundancy. This topic is covered in the Cardiovascular and GI courses.
- The course is organized by endocrinology organ systems and the objectives are loosely organized by
  - Objectives 1-3: Basics/definitions
  - Objectives 4-5: Gross anatomy/histology
  - Objectives 6-8: Regulation, transport, signaling
  - Objectives 9-14: Diagnosis of endocrine disorders
  - Objectives 15-18: Treatment of endocrine disorders
  - Objectives 19: Neoplastic, autoimmune, and angiopathic aspects of endocrinology
  - Objectives 20: Ethics and social disparities
- Plans for integration with other courses was described along with topics, points of overlap, and possible strategies. Examples include:
  - Foundations: Diabetes (glucose metabolic pathways), Vitamin D, etc.
  - On-doctoring: Transgendered patient and thyroid physical exam
  - Patients and Populations: Plan to talk with Brenda Sirovich, course leader.
- Decisions that were made after the discussion with the Committee
  - Objective #10: Change the verb 'correlate' to 'connect'.  
Current: Correlate symptoms and signs with specific hormonal imbalances and receptor dysfunctions.  
Change to: Connect symptoms and signs with specific hormonal imbalances and receptor dysfunctions.
  - Remove Objective #3, which is redundant with #5.  
Remove: Identify the glands, organs, tissues and cells that synthesize and secrete hormones, hormone precursors and associated compounds.
  - Group objectives into clearer categories in ways previous course leaders have done.
- Next step is to meet with the longitudinal leaders. If objectives change as a result of these meetings, there's an opportunity at the next MEC review (#2) to bring these changes forward.

*Joe Minichiello made a motion to approve the description and objectives for the Endocrinology course (Review #1) with the understanding that the following changes will be made to Objectives #3 and 10.*

*Objective #3: Identify the glands, organs, tissues and cells that synthesize and secrete hormones, hormone precursors and associated compounds.*

*Remove.*

*Objective #10*

*Current: Correlate symptoms and signs with specific hormonal imbalances and receptor dysfunctions.*

*Change to: Connect symptoms and signs with specific hormonal imbalances and receptor dysfunctions.*

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

- Action Step – Remove Objective #3 and make the revision to Objective #10.
- Neurology Clerkship Review – *John Dick, MD; Justin Mowchun, MD; Diana Rojas-Soto, MD*
  - Justin Mowchun, MD, presented the recommendations and action plan for this 4-week clerkship offered in Year 4.
  - Recommendations are as follows.
    - Objectives
      - Change (add ‘explain localization of lesion when relevant’) Objective 8.  
Current: Define and prioritize the patient’s problems accurately and generate an appropriate differential diagnosis for patients with disorders of the nervous system.  
Change to: Define and prioritize the patient’s problems accurately, explain localization of lesion when relevant, and generate an appropriate differential diagnosis for patients with disorders of the nervous system.
      - Change (remove word ‘mindfulness’) Objective 15.  
Current: Take responsibility for his or her own medical education and develop the habits of ~~mindfulness and~~ reflection.  
Change to: Take responsibility for his or her own medical education and develop the habits of reflection.
      - Change (remove ‘cost conscious strategies’) Objective 16.  
Current: Identify and critically evaluate relevant information about evidence-based, cost-conscious strategies in the care of patients and populations and to apply this to patient care and to continuous updating of skills.  
Change to: Identify and critically evaluate relevant information about evidence-based care of patients and populations and to apply this to patient care and to continuous updating of skills.
    - Learning Opportunities
      - Consider adding a physical diagnosis rounds as is done on the Internal Medicine clerkship.
      - Provide more accurate and updated schedule of didactic times and locations to students.
      - Continue to work on timing of video sessions to be least disruptive to students at the California Pacific Medical Center (CPMC).

- Assessment
  - Continue to provide advice to students on how and when to best solicit mid-clerkship, formative feedback.
- Clerkship Action Plan
  - Continue to improve updating schedule of didactic times and locations to students.
  - Continue to work on timing of video sessions to be least disruptive to students at CPMC.
  - Continue to provide advice to students on how to best solicit mid-clerkship, formative feedback.

*Eric Loo made a motion to approve the Neurology Clerkship review. The motion was seconded by Paul Hanissian. The motion passed by a unanimous vote.*

- Phase I: Longitudinal Curriculum – Evidence-based Medicine (EBM) and Informatics – *Stephanie Kerns, MLS, Longitudinal Curriculum Leader*
  - The basis of the EBM objectives, developed for a 4-year longitudinal curriculum, were national trends, the AAMC and ACGME competencies, and the AAMC EPA #7.
  - EBM was explained by using a 5-A model of evidence: Ask, Acquire, Appraise, Apply, and Act.
  - The intent is to develop a foundation for critical thinking and lifelong learning and form the complete physician.
  - The current curriculum was mapped for objectives that were tagged for EBM. These objectives were separated in order to follow the national trend and make assessment easier and targeted.
  - These 5 new EBM objectives can adapt with changes in the curriculum across all three phases.
  - There was a question of ‘why’ informatics is included in the title of this longitudinal curriculum. Should EBM and informatics be separated or be kept together? Are they a natural fit?
    - EBM and informatics do fit together. EBM is the basic skills and informatics is the application.
    - Informatics is an important topic for medical students to learn and the current curriculum doesn’t cover informatics in any meaningful way. Stephanie would like to build informatics into the curriculum; however, currently the curriculum isn’t at the place where this can be done so this will be implemented subsequently.
      - One suggestion was an immediate introduction of informatics could be in Year 4 because at this point the students have learned all the clinical skills and can incorporate clinical algorithms.
    - Eric Loo said there’s a fellowship in informatics in the Department of Pathology. He wondered if material related to health informatics was covered in the curriculum, and if not, this would be an opportunity to think about building this in at the appropriate place.
  - The oversight of designing informatics into the curriculum was discussed. Stephanie has experience in doing this from her prior work and positions at the Oregon Health and Science University.
  - Other comments
    - EBM Objectives #3 and 4: The second half of Objective #3 is ‘apply it to the patient’s care’. Is this different than Objective #4 - applied findings to individual and/or patient panels? Stephanie will update this.
    - There are some patient cases where good evidence is not available and there are no acceptable options for care. This is where the ‘appraise’ objective comes in.

*The motion for this longitudinal curriculum was tabled for further discussion at the May MEC meeting because the name of this longitudinal curriculum was not resolved. Should Informatics stand alone, is it a subset of EBM, or encompassed in EBM?*

- Action Steps: Stephanie will update Objectives 3 and 4. Additional discussion will take place regarding the inclusion of informatics, and the curriculum will be represented at the May MEC meeting
- Phase I: Longitudinal Curriculum – Microbiology and Immunology – *David Mullins, PhD, Longitudinal Curriculum Leader*
  - A proposal was made to change the name to ‘Clinical Microbiology and Immunology’. The reason is to avoid confusion with the Infections and Immunity course.
  - Richard Zuckerman, MD, has agreed to serve as co-leader for this longitudinal curriculum to bring the clinical perspective and input.
  - A distinction was made between the course and the longitudinal curriculum objectives.
    - The Infections and Immunology course objectives are aimed at the basic science and foundational material, whereas the longitudinal curriculum objectives are oriented to clinical application, critical thinking, clinical reasoning skills, and medical application. The plan is to introduce students to foundational microbiology and the tenets of immunology in the introduction of the course in Phase I, which moves Infectious Disease to a place that precedes organ system courses. The longitudinal curriculum objectives bring these basic science topics back into the curriculum with a focus on clinical application across all the phases.
  - Objectives were derived, in part, from guidance from the American Association of Immunology and the American Association for Allergy and Immunology.
  - The objectives are intended to be integrated across all 3 phases of the curriculum.
  - There will little overlap between the Infections and Immunology course objectives and the Clinical Microbiology and Immunology longitudinal curriculum objectives.
  - Assessment of these longitudinal curriculum objectives in Phase 1 will be straightforward. Assessment in Phase 2 and 3 has not been planned.

*Larry Myers made a motion to approve (1) a name change to Clinical Microbiology and Immunology, and (2) the longitudinal curriculum objectives. The motion was seconded by Joe Minichiello and Michael Sramek. The motion passed by a unanimous vote.*

- Action Steps – Change the name to Clinical Microbiology and Immunology on all longitudinal curriculum documents.
- Phase I: Longitudinal Curriculum – Health Care Delivery Science – *Greg Ogrinc, MD, Longitudinal Curriculum Leader*
  - Presentation of these longitudinal curriculum objectives was moved to the May MEC meeting.
- **Adjournment** – *Adam Weinstein, MD*

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

- May 21, 2019
- June 18, 2019
- July 16, 2019
- August 20, 2019
- September 17, 2019
- October 15, 2019