

Meeting Date: Tuesday, May 21, 2019
 Time: 4:00 – 6:00 p.m.
 Meeting Location: DHMC – Auditorium F
 Approval: June 19, 2019
 Recorded By: Glenda H. Shoop

ATTENDANCE

Faculty Voting Members

Ames, James (Clinical-Orthopedics)	X	Crockett, Sarah (Clinical-Emergency Medicine)	X	Hanissian, Paul (Pre-Clinical- SBM Reproduction; Clinical-Obstetrics and Gynecology)	O	Huntington, Jonathan (Clinical-Medicine)	--
Jaynes, Scott (Faculty Council)	--	Loo, Eric (Pre-Clinical-Pathology)	X	Mullins, David (Pre-Clinical)	X	Myers, Larry (Pre-Clinical)	X
Murray, Carolyn (Clinical-Medicine)	O	Nelson, Bill (Pre-Clinical and Clinical- Health and Values VIG)	X	Rees, Judy (Pre-Clinical-Epidemiology)	O	Robey, R, Brooks (Pre-Clinical)	X
Sachs, Marlene (Community Preceptor Education Board)	--	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)	--	Falen Demsas (Student-1 st Yr. Rep)	X	Joe Minichiello (Student-1 st Yr. Rep)	X	Michael Sramek (Student-1 st Yr. Rep)	--
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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)	--	Stanko, Kevin (Student-2 nd Yr. Rep)	--
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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)	O
Kettering, Alexander (Student-3 rd Yr. Rep)	--	Warren, Celestine (Student-3 rd Yr. Rep)	--				

Student Voting Members Year 4

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

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

Non-Voting Members							
Albright, Amanda (Computing)	--	Brown, Lin (Pre-Clinical-Year II Co-Director)	X	Dick, III, John (Associate Dean, Yrs. III, IV)	X	Duncan, Matthew (Assoc. Dean, Student Affairs)	--
Eastman, Terri (Pre-Clinical Curriculum Director)	X	Eidtson, William (Director, Learning Services)	--	Fountain, Jennifer (Year II Curric. Mng)	X	Guerra, Sylvia (DICE Rep)	--
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)	X	Reid, Brian (Computing)	X
Ricker, Alison (Clinical Curriculum Director)	X	Shoop, Glenda (Associate Dean for Undergraduate Medical Education Administration)	--	Swenson, Rand (LCME, Chair Dept Med Ed)	X	Chair, Geisel Academy of Faculty Master Educators	
(Faculty Development)		(TDI)					
<i>Present = X / Absent = -- / Excused = 0</i>							
Guest(s)		Guest(s)		Guest(s)		Guest(s)	
Elizabeth Bengston, MD Co-leader, Hematology Course		Alex Fuld, MD Co-leader, Hematology Course		L. Campbell Levy, MD Year 4 Director		Alison Holmes, MD Year 4 Course Leader	
Guest(s)		Guest(s)		Guest(s)		Guest(s)	
Nancy McNulty, MD Longitudinal Curriculum Leader, Imaging		Stephanie White, MD Longitudinal Curriculum Leader, Race and Health Equity		Richard Zuckerman, MD Co-leader, Immunity, Inflammation, and Infection Course			

- **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*
 - Work Hour Policy
 - o A request was made to discuss this policy again as it applies to the preclinical years. The last conversation was held using the current definition of class hours, which will be defined differently for the new curriculum. Due to time constraints, this discussion will be moved to the June meeting.
 - MEC Membership
 - o Four MEC members are completing their term of service to the Committee in June: Jonathan Huntington, David Mullins, Carolyn Murray, and Judy Reese.
 - o Adam expressed his appreciation for their contributions and thanked them for their time to serve on the MEC.
 - o David Mullins will continue to attend the meetings as an ex officio member for his position as Associate Dean for Biomedical Science Integration.
- **Approval of the April 23, 2019 meeting minutes** – *Adam Weinstein, MD*

Brooks Roby made a motion to approve the April 23, 2019 minutes. The motion was seconded by James Ames. The motion passed by a unanimous vote.

- **Student Issues/Feedback**
 - No issues for this meeting.
- **Consent Agenda**
 - Year II SBM Cardiology Course Review – *David Nierenberg, MD, Associate Dean for Year 2; Terrence Welch, MD and Anthony Gemignani, MD, Course Directors*
 - This course will be offered one more year.
 - Course leaders proposed revisions to two objectives:
 - Objective #7

Current: Describe and recognize the common and important electrocardiographic abnormalities and arrhythmias.

Change to: Describe the common and important electrocardiographic abnormalities and arrhythmias.
 - Objective #10

Current: Explain and identify auscultatory findings associated with common valvular and congenital heart abnormalities.

Change to: Explain auscultatory findings associated with common valvular and congenital heart abnormalities.

Mark Spaller made a motion to approve the Year 2 SBM Cardiology Course review with the proposed revisions to two objectives.

Objective #7

Current: Describe and recognize the common and important electrocardiographic abnormalities and arrhythmias.

Change to: Describe the common and important electrocardiographic abnormalities and arrhythmias.

Objective #10

Current: Explain and identify auscultatory findings associated with common valvular and congenital heart abnormalities.

Change to: Explain auscultatory findings associated with common valvular and congenital heart abnormalities.

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

Action Step: Revise the SBM Cardiology course objectives (#7 and #10).

- **Old Business**
 1. Clinical Attendance Policy Proposal – John Dick, MD
 - i. This policy, which will align with the preclinical policy, is still in draft stage waiting for feedback from clerkship directors and students in the clinical years before it's revised and brought forward to the MEC for a vote.
 - ii. Tardiness was added to the policy to align with the preclinical policy.
 - iii. Year 4 students proposed the idea to address wellness issues by using personal days.
 - iv. The proposed change is that each student be granted 3 personal days during each clinical phase. (Currently, each clerkship has a defined number of days off, which aligns with most other medical schools.)
 - v. MEC vote was tabled to the June MEC meeting.
 2. Preclinical Attendance Policy Proposal – Virginia Lyons, MD
 - i. MEC feedback was incorporated
 - ii. This policy is strictly for attendance, addressing absence and tardiness.
 1. Personal day shouldn't be taken on an assessment day.

2. Criteria for tardiness was clarified – being on time means being present at the start of a session.
 3. Letters of concern language was removed. The new Professionalism Recognition and Remediation Policy (still in draft stage) will address this.
 - iii. Implementation of this policy will be through the preclinical curriculum staff.
 1. Request for Absence: The Associate Dean for Preclinical Education will approve any student request for absence and the course leader will be notified.
 2. Tardiness: A meeting is scheduled to develop a plan. The idea is to continue the current system using sign-in sheets. A preclinical staff member will be monitoring this for large-group sessions.
 - iv. If there is a problem with student absences, a preclinical staff member will email the student and give reminders. This generally has worked in the past. If tardiness is an issue, the student will work with the coach to resolve the problem.
 - v. An on-line system will be used to track absences.
 - vi. MEC vote was tabled to the June MEC meeting.
3. Proposed Name for Integrations: ‘Medical Science Integrations: Application through Clinical Cases’ – Adam Weinstein, MD
- i. The name, Medical Science Integrations: Application through Clinical Cases, reflects the course, which is a series of case applications largely in the traditional problem-based learning format.
 - ii. Short title will be ‘Medical Science Integrations’.

Larry Myers made a motion to approve ‘Medical Science Integrations: Application through Clinical Cases’ as the name for the new integrations course. The motion was seconded by Brooks Robey. The motion passed by a unanimous vote.

Action Step: Revise the Course Name/Hours document with Medical Science Integrations: Application through Clinical Cases.

4. Longitudinal Curricula Updates: Oncology; Rehabilitation Medicine; and, Substance Use and Pain – Adam Weinstein, MD
- i. New leader for the Oncology longitudinal curriculum – Mary Chamberlin, MD
 - ii. The MEC approved Rehabilitation Medicine as a longitudinal curriculum, but a leader has not been named.
 1. The committee discussed if Rehabilitation warrants being a longitudinal curriculum across Phase 1 or if it should occur in Block 5. The group agreed that feedback from the course directors is needed before the MEC can make a decision.
 - iii. The MEC approved Substance Use and Pain as a longitudinal curriculum, but a leader has not been named.
5. New Course and Curriculum Block Dates – Adam Weinstein, MD
- i. In December 2019, the MEC-approved course start/end dates. These dates were brought back to the Committee for further discussion. The conversation focused on the start/end dates for the first 3 blocks of the new curriculum. These blocks have two courses. Blocks with 3 courses were not included in the discussion and will be looked at separately.
 - ii. Currently, some documents show ‘block’ start/end dates to represent the integrated nature of the courses, while other documents show ‘course’ start/end dates.

James Saunders made a motion to approve the use of ‘block’ start/end dates for the first 3 blocks in the curriculum. The motion was seconded by Eric Loo. The motion passed by a unanimous vote.

Action Step: Revise the new curriculum schedule (Blocks 1, 2 and 3) with the block start/end dates.

- **New Business**

1. Preclinical Grading Policy – Leah Montalbano, MPA; Virginia Lyons, PhD

- The Assessment Task Force has been meeting once a week for 6 weeks.
- Principles of assessment and LCME standards have been the drivers for the discussion and decisions related to assessment.
- In the Preclinical Grading Policy, 3 components of assessment that will be required in each Phase 1 course.
 - i. Formative – focuses on helping students understand their progression throughout the course.
 - ii. Benchmark – provides evidence where the student stands at key points of the course.
 - iii. Summative – evidence for how the student mastered the material in the course.
- Discussion
 - i. The Foundations course has already been developed and its assessment plan, which has received MEC approval, doesn't align with the recent task force decisions. There was a suggestion that due to the timing of these decisions for assessment, the MEC should consider these assessment policies and implementation plans for 2020-2021.
 - ii. Some members felt it was too challenging to implement the assessment plan in the first half of the new year. However, the I³ course is going to try to implement it and learn how it works.
 - iii. There's a tension in deciding how much autonomy a course leader should have to make their own course determinations and how much the school should have to standardize processes and make broad-reaching policies. Both arguments are very persuasive. While the standardization efforts across Phase 1 identifies the components, the course leaders will have autonomy on how to implement them.
 1. One suggestion was to approach this first year as a 'test', collect data and try to understand how these principles apply. However, there was some concern that changing too many variables in developing this new curriculum could be a problem in analyzing the data and should be avoided.
 - iv. 2 safeguards are in place
 1. Curricular mapping to ensure our assessments match what we're teaching and assessing at a level that makes sense.
 2. Developing a process to analyze the questions that are in our system to ensure the accuracy.
 - v. iRAT and gRATs were discussed with mixed opinions as to whether these should be handled as formative or benchmark assessments. The scores students achieve on these assessments should count toward something to incentivize the preparation.
 - vi. Pinning down the practical efforts of assessment requires much work and needs further discussion. More discussion on the assessment plan will be held at the course and longitudinal curriculum meeting Thursday, 5/22/19.
 - vii. Leah and the Assessment Task Force members were thanked for their work.

2. Infection and Immunity Course (Review #2 – Final) – David Mullins, PhD; Richard Zuckerman, MD

- A course name change was proposed: Infection, Inflammation, and Immunity (I³). (Inflammation was added to reflect the amount of pathology that's taught in the course.)
- This course occurs in the early part of Phase 1 and runs concurrently with the Hematology course. Goal is to make the interface with the Hematology course as transparent as possible.
- Currently, 142 scheduled hours but plan to use the 146 hours approved.

- The course merges Year 1 basic science microbiology, immunology and virology, and pathology, and Year 2 SBM infectious disease.
- Goal of the course is to provide foundational training in microbiology, immunology, inflammation, immunopathology, and infectious diseases, at a level appropriate to the early-stage clinician scientist.
- The coordinated longitudinal curriculum, *Medical Microbiology and Immunology*, will integrate microbiology, immunology and infectious disease content in the organ-based courses.
- Pedagogy Summary: Discussion, Large Group (5.5 hrs); Games (1 hr); Journal Clubs/Discussions (3 hrs); Labs (10 hrs); Lecture (19 hrs); PBL (8 hrs); TBL (86 hrs); Team building (4.5 hrs). Learner-centered pedagogy that fosters retention/application and development of critical thinking skills. Each week begins with an anchoring case, which sets the stage for content in that week.
- Integration of microbiology (including bacteria, viruses, parasites, and fungi), infectious diseases, immunology, and immunopathology. There will be an emphasis on ethics, health care delivery science, urgent public health topics, and inclusion and diversity throughout the course.
- The use of the USMLE-Rx questions is still being discussed. The quality of the questions is not consistently high.

Brooks Robey made a motion to approve the Infection and Immunity course review #2 (Final) and the proposed name change to Infection, Inflammation, and Immunity. The motion was seconded by Bill Nelson. The motion passed by a unanimous vote.

Action Step: Revise the new curriculum documents with the new name.

3. Hematology Course (Review #2 – Final) – Alex Fuld, MD; Elizabeth Bengtson, MD
 - The course leaders have incorporated the standard communication skills, professionalism, personal development and teamwork course objectives.
 - Runs concurrently with the I³ course. The anchoring case used in I³ will be used to feed forward through the week.
 - Longitudinal curricula topics to be integrated are CTO, pathology, biochemistry, genetics, nutrition, oncology, pediatrics, pharmacology, imaging, health and human values, and race and health equity.
 - Pedagogical techniques will be lecture, case-based series, large-group discussion, problem-based learning (sickle cell anemia case and ALL case), peer learning, team-based learning, labs, small-group sessions.
 - Both SBM hematology and this new Phase 1 hematology course will be occurring at the same time. Due to the limits of hematology teaching faculty, an exception to the 40% lecture policy was given to the course leaders.
 - Content that will be reinforced across Phase 1: anemia, blood counts, iron deficiency and metabolic aspects, and anticoagulation and thrombosis.

Eric Loo made a motion to approve the Hematology course review #2 (Final). The motion was seconded by James Saunders. The motion passed by a unanimous vote.

4. Year 4 Capstone Course Proposal – John Dick, MD; Campbell Levy, MD; Alison Holmes, MD, PH
 - The proposal does not request a change in the MEC-approved objectives and themes.
 - Themes are Healthcare Delivery Sciences; Professional Development; Advanced Clinical Skills; Advanced Clinical Pharmacology; Advanced Medical Sciences.

- Course is the consolidation and application of (1) the advanced medical sciences and pathophysiology that students got from their preclinical courses, and (2) the clinical skills from the clerkships and Sub-I's.
- Consistent poor course ratings and schedule crowding are the main drivers for the proposed revision to the course.
- The Quality Improvement (QI) project introduction and methods section will not change, but the timing for the presentation will move to June during the ICE course. This change will allow time for the students to meet with their groups in person.
- IHI Open-school distant learning modules will be used during the QI project. Students will be able to complete them across the course of the academic year.
- The proposal is to shorten the course from 7 weeks to 4 weeks held in the month of March, extending one week beyond Match Day. Along with this change, the course directors will
 - i. Tighten the course with fewer redundancies
 1. Abx Mgmt
 2. Diabetes Mgmt
 3. Medical errors
 4. Mgmt of shock
 - ii. Align clinical topics
 - iii. Transition QI project to a longitudinal curriculum culminating during Capstone
 - iv. Allow time for Sub-I's and electives that are needed to apply to residencies
 1. The proposal frees up an extra month in the spring so that 20 additional students can enroll in the GAM or neurology clerkship in the spring, which allows more options for them to take a Sub-I or an elective earlier in the year.

James Saunders made a motion to approve the Year 4 Capstone course proposal that

- 1. Shorten the course from 7 weeks to 4 weeks held in the month of March, extending one week beyond Match Day.*
- 2. Transition the QI project to a longitudinal curriculum culminating during Capstone.*

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

5. Phase I: Longitudinal Curricula Objectives

- Imaging – Nancy McNulty, MD
 - i. The list of objectives was guided by the Alliance of Medical Students Educators in Radiology, which is the major academic organization in radiology.
 - ii. The focus is to prepare students to be smart, cost-conscious, and efficient users of imaging in their clinical practices.

Brooks Robey made a motion to approve the longitudinal curriculum objectives for Imaging. The motion was seconded by Eric Loo. The motion passed by a unanimous vote.

- Race and Health Equity – Stephanie White, MD
 - i. The Race and Health Equity longitudinal curriculum stemmed from (1) student feedback to make topics more intentionally incorporated in the curriculum, and (2) LCME standards that require the medical school for accreditation.
 - ii. The list of objectives was compiled from a literature review on published Race and Health Equity curricula, best practices recommendations from the AAMC, student focus groups, and feedback and considerations with Bill Nelson on what was covered in the Health and Human Values curriculum.

- iii. Objectives are a broad representation of diversity and inclusion, race, and health equity.
- iv. Objective #2 ties into communication and professionalism, understanding where unconscious biases stem from (an LCME standard and an area where students rate low on the GQ survey).
- v. Terms that take social determinants of health to a higher level were provided: structural competency and structural vulnerability
- vi. Discussion
 1. This longitudinal curriculum is an excellent place to emphasize the worldwide inequities in health care. To make this more explicit, a change to Objective #5 was suggested:
Current: Apply the concepts of structural competency and structural vulnerability to patients and communities.
Change to: Apply the concepts of structural competency and structural vulnerability to patients and communities, locally and globally.
- vii. Objective #2 is one that will be integrated across all curricular phases.

Larry Myers made a motion to approve the longitudinal curriculum objectives for Race and Health Equity with the understanding that Objective #5 will be revised.

*Current: Apply the concepts of structural competency and structural vulnerability to patients and communities.
Change to: Apply the concepts of structural competency and structural vulnerability to patients and communities, locally and globally.*

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

Action Step: Revise Objective 5.

- Evidence-based Medicine and Informatics – Stephanie Kerns, MLS
 - i. Due to significant technical problems in the room, the discussion was tabled until the June MEC meeting.
- Adjournment – Adam Weinstein, MD

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

Ongoing Business

- Evaluation Oversight Committee
- LCME Oversight Committee
- Enrichment Electives

Future Meetings

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

- June 18, 2019
- July 16, 2019
- August 20, 2019
- September 17, 2019
- October 15, 2019
- November 19, 2019
- December 17, 2019