



**DARTMOUTH MEDICAL SCHOOL**

**SENIOR ASSOCIATE DEAN FOR MEDICAL EDUCATION**

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**Thursday, September 23, 2004**

**To:** Members of Medical Education Committee  
**From:** David W. Nierenberg  
**Subject:** Minutes - Meeting held Tues., September 21, 2004 - 4:00 to 5:30 pm, 758W B

**Members Present:** Jamie Bessich, Patty Carney, Rich Comi, Barbara Conradt, Bill Garrity, John Hwa, Don Kollisch, Petra Lewis, Gene Nattie, Dave Nierenberg, and Kelly Oh = 11

**Members Absent:** James AuBuchon, Leslie Fall, Si France, Ryan Knapp, Will Nugent, Roshini Pinto-Powell, Eric Shirley, Joao Tiexeira, and Ted Yuo = 9

**Guests:** Steve McAllister and Kalindi Trietley = 2

**Scheduled Meetings:**

Sept. 21 758 W Borwell	Oct. 19 758 W Borwell	Nov. 23 758 W Borwell	Jan. 18 Aud. C	Feb. 15 Aud. C	Mar. 22 758 W Borwell	Apr. 19 758 W Borwell	May 10 758 W Borwell
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**I. Introduction of the Medical Education Committee**

- A. Dave Nierenberg briefly explained the history and mission of the Medical Education Committee; and
- B. The members introduced themselves.

## II. Results of the USMLE Step II

A. Dave reported on the DMS students' results of the USMLE boards, Step II:

1. Of the 62 DMS students who took the exam, 58 passed on their first try; 2 students failed, retook the exam and passed on their second try; 2 students failed, have not yet retaken the exam.
2. DMS students average score was 224; the national average was 218.
3. DMS students excelled in the psychiatry portion of the exam; Dave speculated that it might be the result of a longer clerkship than other schools.
4. DMS requires that all students take the boards, but does not require them to pass.
5. Further details of the results can be found in Attachment A.

## III. Progress Report on LCME Preparation

A. Six groups worked over the Spring and Summer to complete reports identifying the main weaknesses of DMS and developing a game plan for remedying those weaknesses before the April study. Most of the reports are completed. The rest are near completion. A few problems areas noted are:

1. A difficulty recruiting clinicians to teach On Doctoring and PBL;
2. A lack of definition of the Assistant Professor status (expectations for teaching);
3. A lack of agreement on the amount of financial support expected from DHMC.
4. An updated mission statement is needed by December.

B. Through membership discussion, the role of the MEC in LCME preparation was decided: Responsibility for evaluating courses for compliance with the core competencies mandated by the LCME.

## IV. Development of Workshop for Course/Clerkship Directors

Invitations will be sent out to all course and clerkship directors (with copies to all MEC members) for a two-hour workshop in October. Through discussions and speakers, the following issues will be examined:

- A. What is being taught;
- B. Who is teaching;
- C. What competencies are being covered in which courses; and
- D. The development of a sense of cohesion among faculty.

V. Report on Progress of DMEDS

Dave Nierenberg reported that the DMEDs system was working well and is being used successfully by Year 3 clerkships and On Doctoring students. A few glitches have been reported on the use of the program on PDAs, but Steve McAllister is working on the problems.

Dave also reported that the results obtained by using the system justify the time spent inputting the information and that the students' value of the system is proportional to the enthusiasm of the course and clerkship directors.

VI. Distribution of AAMC document, "Educating doctors to Provide High quality Medical Care: A Vision for Medical Education in the United States:

The above mentioned document was distributed to the membership for reading before the next MEC meeting for discussion at same (available on-line at <http://www.aamc.org/meded/iime> or from Joyce Wagner upon request).

VII. Agenda for MEC Meetings for AY 04-05

The following items were recommended by the membership for discussion at MEC meetings for the current academic year:

- A. Above mentioned AAMC report;
- B. Examination of two Year 1 courses and two Year 2 courses to seek improvement in curriculum and correlation with NBME;
- C. Final report and recommendations of the VIG on Professionalism;
- D. Final report and recommendations of the VIG on Pediatrics
- E. Discussion of clerkship evaluations;
- F. Reexamine the result of architectural restructuring in Year 1;
- G. Examine the role of basic sciences over the entire four-year curriculum;
- H. Examine the effectiveness of clinical sciences in first two years;
- I. Discussion of Patty Carney's paper on Learning Levels/Focus Group; and
- J. Report on the LCME Step II CS exam.

VIII. Agenda for the October 19 MEC Meeting

- A. Discussion of the AAMC report; and
- B. Prioritization of the years' agenda items