

Meeting Date: Tuesday, April 21, 2020
Time: 4:00 – 6:00 p.m.
Meeting Location: Zoom
Approval: June 16, 2020
Recorded By: Jillian Marcus

Attendance

Present = X, Absent = 0

Faculty Voting Members

Ahmed, Nayla (Clinical-Medicine)	0	Ames, James (Preclinical & Clinical-Orthopedics)	X	Chow, Vinca (Clinical-Anesthesiology)	X	Crockett, Sarah (Clinical-Emergency Medicine)	X
Hanissian, Paul (Preclinical- SBM Reproduction; Clinical-Obstetrics and Gynecology)	0	Hartford, Alan (Preclinical; Clinical-Medicine)	X	Homeier, Barbara (Preclinical-On Doctoring)	X	Loo, Eric (Preclinical-Pathology)	X
Myers, Larry (Preclinical, Medical Education)	X	Nelson, Bill (Preclinical-Psychiatry)	0	Robey, R, Brooks (Preclinical & Clinical-Renal; Faculty Council)	0	Sachs, Marlene (Community Preceptor Education Board)	0
Saunders, James (Clinical-Surgery)	0	Sorensen, Meredith (Clinical-Surgery)	X	Weinstein, Adam (Chair; Preclinical-Renal, On Doc; Clinical- Pediatrics)	X		

Student Voting Members

Year 1

Banerji, Sarah	X	Cheema, Amal	0	Hanley, Meg	X	Morris, Linda	X
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Year 2

Bertalan, Mia	0	Demsas, Falen	X	Minichiello, Joe	X	Sramek, Michael	0
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Year 3

Bessen, Sarah	0	Del Favero, Natalie	X	Guerra, Sylvia	X	Lindqwister, Alexander	X
Morgan, Alexandra	X	Stanko, Kevin	X				

Year 4

Bachour, Kinan	0	Berkowitz, Julia	0	Bhushan, Vivian	X	Di Cocco, Bianca	0
Kettering, Alexander	0	Ramos, Joshua	0	Warren, Celestine	0		

MD/PhD

Chidawanika, Tamutenda	0	Kamal, Yasmin	0	Rees, Christiaan	X	Smolen, Kali	
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Non-Voting Members

Albright, Amanda (Instructional Designer)	0	Borges, Nicole (Chair, Dept. of Medical Education)	X	Brown, Lin (Preclinical – SBM Co-Director)	X	Dick III, John (Clinical - Associate Dean Clinical Curriculum)	X
Eastman, Terri (Preclinical - Director, Preclinical Curriculum)	X	Eidtson, Bill (Director, Learning Services)	0	Fountain, Jennifer (Assessment)	0	Holmes, Alison (Associate Dean, Student Affairs & Support)	X

Jaeger, Mikki (Registrar)	X	Kerns, Stephanie (Director, Biomedical Libraries)	X	Lyons, Virginia (Preclinical - Associate Dean Pre-Clinical Curriculum)	X	Marcus, Jillian (Administrative Support, UME Affairs)	X
Manning, Hal (Preclinical – SBM Co-Director)	0	McAllister, Steve (Director, Educational Technology)	0	Montalbano, Leah (Director, Assessment & Evaluation)	X	Mullins, David (Associate Dean, Biomedical Science Integration)	X
Mullins, David (Chair, Geisel Academy of Master Educators)	X	Dick III, John (Interim, Senior Associate Dean for Medical Education)	X	Pinto-Powell, Roshini (Associate Dean, Admissions)	0	Reid, Brian (Associate Director, Educational Technology)	X
Ricker, Alison (Clinical - Director, Clinical Curriculum)	X	Vacant (Associate Dean, Diversity and Inclusion)	0	Vacant (Associate Dean, UME Administration)	0		

**Student Non-Voting Members
Diversity and Inclusion & Community Engagement (DICE)**

Conn, Stephen (Preclinical)	0	Lewis, Chad (Clinical)	0	Trinh, Katherine (Clinical)	0		
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Vice Chairs for Academics – Student Government

Bachour, Kinan	0	Jain, Raina	X				
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Guest(s)

Andrew Crockett	Alex Fuld	Anna Karpenko	
Rand Swenson	Rebecca Thompson		

Call to Order

Adam Weinstein, MD

Adam Weinstein, Chair, called the meeting to order at 4:00 p.m.

Announcements

Adam Weinstein, MD

None.

Approval of Meeting Minutes

Adam Weinstein, MD

Approval of March 17th, 23rd, and 25th meeting minutes.

Eric Loo made a motion to approve the March 17th, 23rd, and 25th 2020, MEC meeting minutes. The motion was seconded by Alex Lindqwister. The motion passed by a unanimous vote.

Student Issues & Feedback

None.

Old Business

1. Nonclinical Electives and overlapping electives – Adam Weinstein, MD

- i. Adam discussed the nonclinical electives that were created for the 3rd and 4th year students due to the impact of the COVID-19 pandemic. He mentioned that many students have requested to take two or three electives at the same time because they can delegate their time accordingly. In the past, our system has been designed to only let students take 1 course or elective at a time but because clerkships and courses are virtual learning, the clinical education team and registrar have allowed students to enroll in more than one learning activity.
- ii. Discussion
 - a. A member asked about the courses overlapping at the same time and how that would appear from the Registrar perspective. Discussion confirmed it could work since they can set the system to allow overlap and they are pass/fail.
 - b. There was a query about how long this overlapping would last, since they are in the process of setting up courses for the 2021 year. The answer is currently unknown since the length of suspension from clinical learning experiences is unknown. As long as applicable, if learning experiences remain virtual, we may need to maintain the benefit of overlap so students can be productive and proactive with their learning.
 - c. One member asked what the concern is of a student taking multiple electives if they are able fulfill all the requirements. One challenge might be setting themselves up to not achieve all the requirements. Even if a student believes they can achieve them, we want to create learning environments and contexts where students can be successful. It was also mentioned that it might be harmful for a student to have so many electives concurrently on a transcript as it risks sending a message to a residency application that these electives were not robust.
 - d. A member voiced an idea that it might be difficult to cap the number of electives people are doing, as some are 1 credit in 4 weeks, whereas others are 1 credit in 1 week. Should we be looking at capping the number of credit hours that an individual is working on per week? One response noted challenges administratively in tracking such a system. The group thought this was a good suggestion and administration will discuss whether and how this could be implemented.

2. Subcommittee of MEC for Phase II and III structure – Leah Matthew, MD

- i. Leah Matthew shared updates of what the subcommittee has been discussing. This included creating 4 general objectives that were:
 1. Train well rounded physicians that can move forward into any specialty
 2. Adjust curriculum as applicable to promote time for career exploration
 3. Apply and practice clinical knowledge in a more intensive way participating in acute/intensive care experiences
 4. Engage the strengths available at Geisel and Dartmouth more broadly and consider options for unique specialization or tracks.
- ii. The subcommittee discussed and will recommend to keep the Phase 2 structure as a 12 month Phase II, however are considering clerkship lengths to provide additional time for exploration in Phase II. Clerkship lengths are being discussed at CECD meetings with clerkship directors considering the time needed to meet

each of their objectives for their respective clerkships. The subcommittee is still discussing the idea for a minor or track in Phase III, and these could include things like telemedicine, rural medicine, bioinformatics, quality improvement & safety, and etc.

- iii. Discussion
 1. A question was asked whether the current shortening of clerkships from 8 to 7 weeks, and 6 to 5 weeks were to be maintained.
 2. The discussion was that this particular change was not intended to be long-lasting, and while this would be under consideration if all the clerkships felt they could shorten by 1 week, but we are gathering input and data from the directors as this may not be the solution for all clerkships on a long-term basis. Likewise, part of the challenge is that the subcommittee is making a decision prior to implementation of these shortened clerkships, so the teams will share and help inform the decision making, and the MEC could revisit this question afterwards too.

3. Whether to innovate elective requirements for current 3rd year students – Adam Weinstein, MD

- i. Adam explained that this topic came up in a March MEC meeting, and that they modified the requirements for the current 4th year students. The requirements were adjusted to the ongoing policy for the class of 2020. The current policy states all students should complete 16 credits of electives in their 4th year, and 12 of those must be clinical electives. Because of the unavailability of clinical experiences, it was modified to 8 weeks of clinical electives for the current 4th year class/class of 2020. We now plan to discuss this for the current 3rd year class/class of 2021.
- ii. The current 3rd years are suspended from clinical activity, and they are continuing with their clerkships virtually, and most of them are earning nonclinical electives as well. Many 3rd year students have already completed non-clinical electives at the beginning of their 3rd year prior to their first clerkship. Given the virtual clerkship setting currently, most clerkships will be implementing “make-up” clinical time into the students’ 4th year—so many students in their 4th year will need to complete their clerkships. Therefore, students may not have as much opportunity to participate in clinical electives during their 4th year.
- iii. Discussion
 - a. One member asked what they might be hearing of what other medical schools are doing, and what the downside of graduating late would be if they pushed things out. Many other schools are implementing similar adjustments to requirements for things like electives. No one is discussing delaying graduation or prolonging students staying in their undergraduate medical education realm, and they feel like they want to get them onto residency. Prolonging may also have implications related to financial aid.

Christiaan Rees made a motion to approve decreasing the number of clinical electives from 12 credits to 8 credits for the class of 2021. The total number of elective credits required will remain at 16 credits. The motion was seconded by Alex Lindqwister. The motion passed by a unanimous vote.

4. USMLE Step 2 Policy – Adam Weinstein, MD

- i. Adam mentioned the modification to the policy, which was the addition of the following: “The Senior Associate Dean for Medical Education can allow individual

extensions based on unique contexts such as residency application requirements or other emergent situations.”

Alan Hartford made a motion to approve the modification of UME-CNTRL-0002 USMLE Step 2 Policy. The motion was seconded by Eric Loo. The motion passed by a unanimous vote.

5. Update on Derm/Rheum/Ortho Course – Adam Weinstein, MD

- i. Adam summarized the discussion of combining the courses of Dermatology, and Rheumatology/Orthopedics. He discussed the benefits related to synergy of Rheum and Derm in the first half of the course block, then moving to synergy with Rheum and Ortho. Another benefit could be it gives Dermatology more equal footing, as separate it would be a 20-30 hour course, paired alongside two ~70 hour courses. A drawback would be loss of the ability to weight the Dermatology assessment and ensure students fulfill the Dermatology objectives. With assessment and question mapping, Dermatology assessment as well as Rheum and Ortho assessment could be mapped separately to ensure students achieve objectives in each content area. Jamie Ames summarized that he believes it works as a single course, and the course starts out as Dermatology and Rheumatology, then moves into Rheumatology and Orthopedics. In summary of the discussion, the course leaders felt like the positives outweighed the drawbacks and would like to combine the courses.
- ii. Discussion
 - a. One member asked that if a student does not pass the Dermatology component of this course, would they then promediate just the Dermatology portion - But then if they do not pass the promediation of Dermatology, do they not pass the combined course? do they only need to make up Dermatology in the future? Because Dermatology is in the first part of the course, the student would be able to recognize they are struggling in the beginning and have plenty of time to work with the material. That said, if this is one course, the students would have to meet the passing requirements of the course to achieve a pass. The course leaders and CSPC have the authority to recommend that a student remediate a specific part of the course, i.e. if they failed Dermatology, just remediate Dermatology as opposed to remediating Derm-Rheum-Ortho.
 - b. If the courses were kept separate, a student would have to pass the Dermatology objectives as well, and would receive a course failure if they were not successful with promediation.
 - c. How would this be noted on the transcript if a student was to fail one portion? Since it would be considered a course failure, it would say they failed the course as opposed to just the one portion.
 - d. One member asked if there would be a loss of expertise with the lecturers in each course with regards to the longitudinal curriculum being taught. Combining would not change what is already in the plans as far as faculty and expertise.
 - e. A member asked if there were negative consequences for the transcript showing a student failing a combined course as opposed to a separate Dermatology course. Alison Holmes answered that she does not believe that individuals reviewing residency applications look at preclinical courses all that carefully

- when they are looking at the applications and did not believe this would have any impact in and of itself.
- f. One member asked if there would be a combined PowerPoint of these courses. Adam answered that he would work on creating one. The same member asked what the transcript name would be, and it was confirmed the full name is 'Dermatology, Rheumatology, and Orthopedics.' The short transcript name would be 'Derm-Rheum-Ortho.'

Christiaan Rees made a motion to approve combining the three content areas to be combined into one course. The motion was seconded by Eric Loo. The motion passed by a unanimous vote.

New Business

1. **Neuroscience and Neurology (Phase #1 - Year 2)** – Anna Karpenko, MD, Rand Swenson, MD, PhD & Rebecca Thompson, MD
 - i. Rand summarized the word document and excel spreadsheet that was presented.
 - ii. Discussion
 - a. One member expressed that they enjoyed the bed side learning aspect of the course and hope it can be reinstated again in the future.

Joseph Minichiello made a motion to approve MDFD 261 Neuroscience and Neurology (Phase #1 - Year 2). The motion was seconded by Eric Loo. The motion passed by a unanimous vote.

2. **Hematology (Phase #1)** – Alex Fuld, MD, MS
 - i. Virginia Lyons summarized the document presented to the MEC. Alex Fuld summarized the action steps.

Eric Loo made a motion to approve MDFD 122 Hematology (Phase #1 - Year 1). The motion was seconded by Joseph Minichiello. The motion passed by a unanimous vote.

3. **Surgery Clerkship (Phase #2)** – Andrew Crockett, MD & Meredith Sorensen, MD
 - i. John Dick summarized the document presented to the MEC. Meredith Sorensen summarized the action steps.

Eric Loo made a motion to approve SURG 303 Surgery Clerkship (Phase #2). The motion was seconded by Joseph Minichiello. The motion passed by a unanimous vote.

4. Clinical Attendance Policy – John Dick, MD & Alison Ricker, MPS

- i. Adam summarized the policy and the proposal to update the policy for the upcoming academic year and state that clerkships 5 weeks or less students who miss more than 1 day may require make-up or remediation for the missed time (rather than 4 weeks or less).

Joseph Minichiello made a motion to approve UME-CURR.CE-0003 Clinical Attendance Policy with the change of 4 weeks to 5 weeks. The motion was seconded by Eric Loo. The motion passed by a unanimous vote.

5. Narrative Assessment Policy – Leah Montalbano, MPA

- i. Adam and Leah summarized the policy.
- ii. Discussion
 - a. One member raised concern about the word “required.” The same member mentioned that some courses have a longitudinal small group leader for some groups, and a combination of small group leaders for other groups, and if it is not happening persistently in a course, then it is not permitting this type of assessment.
 - b. Virginia summarized the context of this policy with the LCME standard.

The policy was tabled for discussion at a future MEC meeting

Adam Weinstein, MD

Adam Weinstein, Chair, adjourned the meeting at 6:04 P.M.

Ongoing Business

- Evaluation Oversight Committee
- LCME Oversight Committee
- ABG Interpretation
- USMLE Step 1 Policy
- USMLE Step 2 Policy
- 3rd Year student clinical elective credit requirements

Future Meetings

MEC meetings are the 3rd Tuesday of each month from 4:00 - 6:00 p.m.

- May 19, 2020
- June 16, 2020
- July 21, 2020
- August 18, 2020
- September 15, 2020
- October 20, 2020