

Meeting Date: March 16th 2022
Time: 4:00 – 6:00 p.m.
Meeting Location: Zoom
Approval: April 20th, 2022
Recorded By: Amy Rose

Attendance

Present = X, Absent = 0

Faculty Voting Members

Ahmed, Nayla (Clinical-Medicine)	X	Boardman, Maureen (Preclinical & Clinical- Family Medicine, Community Preceptor Rep)	X	Chow, Vinca (Clinical-Anesthesiology)	0	Crockett, Sarah (Clinical-Emergency Medicine)	X
Hanissian, Paul (Preclinical & Clinical- Obstetrics and Gynecology)	X	Hartford, Alan (Clinical-Medicine)	0	Hofley, Marc (Clinical – Pediatrics)	X	Homeier, Barbara (Preclinical- Pediatrics)	X
Matthew, Leah (Clinical-Family Medicine)	X	Myers, Larry (Preclinical- Medical Education)	0	Nelson, Bill (Preclinical - TDI)	X	Robey, R, Brooks (Preclinical & Clinical- Medicine; Faculty Council Rep)	0
Saunders, James (Clinical-Surgery)	X	Sorensen, Meredith, Chair (Clinical-Surgery)	X	Thompson, Rebecca (Clinical – Neurology)	0		

Student Voting Members

Year 1

Fong, Justin	0	Gil Diaz, Macri	0	Maosulishvili, Tamar	0	Thomason, Helen	0
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Year 2

Carhart, Briggs	X	Fitzsimmons, Emma	0	Thomson, Chris	0	Xu, Jane	X
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Year 3

Banerji, Sarah	X	Cheema, Amal	X	Hanley, Meg	X	Morris, Linda	X
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Year 4

Bertalan, Mia	X	Demas, Falen	0	Minichiello, Joe	X	Sramek, Michael	0
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MD/PhD

Chidawanyika, Tamutenda	0	Kamal, Yasmin	0	Keim, Abigail	X	Reiner, Timothy	X
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Non-Voting Members

Albright, Amanda (Instructional Designer)	X	Borges, Nicole (Chair, Dept. of Medical Education)	X	Chimienti, Sonia Senior Associate Dean for Medical Education	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)	X

Jaeger, Mikki (Registrar)	X	Kerns, Stephanie (Director, Biomedical Libraries)	X	Lyons, Virginia (Preclinical - Associate Dean Preclinical Curriculum)	X	McAllister, Steve (Director, Educational Technology)	0
Vacant (Director, Assessment & Evaluation)		Mullins, David (Associate Dean, Biomedical Science Integration Chair, Geisel Academy of Master Educators)	X	Pinto-Powell, Roshini (Associate Dean, Admissions)	X	Reid, Brian (Associate Director, Educational Technology)	X
Ricker, Alison (Clinical - Director, Clinical Curriculum)	X	Rose, Amy (Administrative Support, UME Affairs)	X	Ryan, William N. (Director, Accreditation & CQI)	0	Shaker, Susan (Preclinical- Manager)	0
Vacant (Associate Dean, Diversity, and Inclusion)		Vacant (Associate Dean, Evaluation and Assessment)					

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

Tersio, Isabelle	0	Conn, Stephen	0				
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Vice Chairs for Academics – Student Government

Minichiello, Joe	X	Morris, Linda	X				
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Former MEC Student Members – Student Government

Lindqwister, Alex	0	Morgan, Allie	0				
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Guest(s)

Dr. Andrew Crockett							
Dr. Matthew Duncan							

Call to Order

Meredith Sorensen, MD Chair – Medical Education Committee

Meredith Sorensen, called the meeting to order at 4:05pm.

Announcements

Meredith Sorensen, MD

1. Ongoing business of MEC restructure, starting to happen organically as seen with the LCC proposal. The MEC restructure committee plans to have a formalized proposal by summer.
2. Match Day is this Friday!

Approval of Meeting Minutes

Meredith Sorensen, MD

Approval of February meeting minutes.

Meg Hanley made a motion to approve the February 2022 MEC meeting minutes. The motion was seconded by Nayla Ahmed. The motion passed by a unanimous vote.

Student Issues & Feedback

No student issues were brought to the meeting.

Consent Agenda

Nothing on the consent agenda for this meeting.

New Business

1. **Psychiatry Clerkship Review** – Dr. Duncan, Dr. Schlozman, Jamie Fairstone, Dr. John Dick
 - Dr. Dick reviewed the course strengths and recommendations.
 - Dr. Duncan reviewed the course leader action plan.

Recommendations	Course Leader Action Plan
Increase ambulatory experiences either by incorporating other sites or involving the students in telehealth.	Student access to outpatient clinics have been impacted by COVID. We have recently been able to resume in-person student involvement in substance use/suboxone clinics. Our goal is to also resume the prior outpatient clinic offerings at DHMC which will include general adult, geriatric and child clinics. When full access is restored, this will provide at least 1 outpatient clinic sessions for each student. The clerkship team will continue to work on incorporating visits to outpatient clinic for students from other regional sites, however, these options are limited and impacted by COVID. A related goal will be to work on optimizing the telehealth involvement of students as telehealth visits have basically disassembled the team (time and space) and thus had a negative impact on learning outside the visit. Yet, it appears telehealth is here to stay even as the pandemic stabilizes, therefore this is an area of development we will focus on this year.
Focus on improving diversity, equity and inclusion in sessions. Plan to broaden the substance abuse session to include other patient populations.	Meeting scheduled for March 23, 2022 with the Substance Use Fellowship directors to discuss broadening both the scope of the substances and diversity of the patients used in the case-based small group session.
Longitudinal curriculum, integration of pharmacology, substance abuse and ethics and human values.	We currently offer sessions on the basic science of pharmacology, clinical pharmacology, assessment and treatment of substance use, and ethical/legal aspects of patient autonomy in mental healthcare. We are happy to coordinate with any of these longitudinal thread leaders at anytime.
Development of child psychiatry elective, letting students know this is an option for child psych exposure.	In progress: Coordinator will continue to work with Dr. Schlozman, clerkship co-director and the child psychiatry faculty on development of established elective.

Barbara Homeier made a motion to accept the course leader action plan as presented, Seconded by Meg Hanley. The motion was passed by a unanimous vote.

2. GAOC – Geisel Grading Policy & NBME Subject Grading Policy Updates – Dr. Andrew Crockett

Equated Percent Correct (EPC) Discussion

- GAOC Recommendations –
 - Clinical clerkships should use EPC for grade calculation
 - Critical failure should remain unchanged (<6th percentile)
 - Scoring should be calculated based on total EPC
- The GAOC is recommending having clerkships utilize Equated Percent Correct (EPC) rather than percentile correct for SHELF exams. EPC is where the NBME eliminates low performing questions and estimates the percentage correct of the questions that had been answered. This is a non-normative performance based **linear** evaluation of how well the students have performed on the exam.
- Since the EPC that equates with 5th percentile varies widely across clerkships, critical failure should still be based on percentile per current policy
- The intent of the third recommendation “scoring should be calculated based on total EPC” is to ensure that passing students earn points/credit for their SHELF performances
 - Examples were given (i.e. if SHELF is worth 20 points, would take EPC x 0.2 to calculate SHELF score)
 - Not all clerkships use a straight points conversion for the SHELF contribution to overall grade, so difficulty coming to consensus
- We will need to have an electronic vote to amend the language for the NBME Subject Grading Policy by Friday, April 1st.

Maureen Boardman made a motion to approve the first 2 GAOC recommendations and amend the NBME Subject Grading Policy by conducting an electronic vote prior to Friday April 1st. Seconded by Linda Morris. The motion was passed.

NBME Retake Policy: “Mulligan Rule”

- GAOC Recommendations –
 - Students should be allowed to re-take of their first failure of an NBME shelf exam (<6th percentile) without a clerkship failure report, notation on the transcript, or evaluation by CSPC.
 - Students should arrange a remediation plan with Associate Dean of Clinical Education, Clerkship Directors and/or Learning Support.
 - Students who subsequently pass on their second attempt will not be eligible to receive any grade above PASS.
- Discussion
 - There was general consensus support for the first two recommendations above
 - Some individuals felt that capping the grade at PASS went against the spirit of having a non-penalized failure.
 - Others felt that capping the grade at PASS was needed to make it fair to all students.
 - Students who were allowed to retake had additional time to study that other students who initially passed the NBME exam did not have
 - Students who did not fail the SHELf exam, but who may have also had a “bad day” adversely affecting performance would not similarly be given the opportunity for a retake
 - Students voiced that this was not a concern.
 - The Exam Disruption Policy defines a system by which students can self-identify and report an issue, illness or interruption before 3pm and schedule a retake.
 - Need to make sure students are aware of this policy and the rules surrounding this policy. It was suggested to explicitly review this policy during clinical orientation and add to canvas pages.
 - There was a suggestion to modify the recommendations to state that when a student retakes a SHELf exam and passes on the second attempt, the student will get the points scored at the minimum passing EPC score for that clerkship (the EPC that equates to the 6th percentile)
 - This would ensure that students who performed very well on retake would not have an unfair advantage, but would also not cap the overall clerkship grade based on the single criterion of the SHELf

Sarah Crockett made a motion to amend the third recommendation from the GAOC as follows: when a student who has failed an NBME SHELf exam retakes the SHELf and passes, the number of points applied to the overall clerkship grade will be equivalent to the EPC at the 6th percentile for that exam. Seconded by Linda Morris. The motion was passed by unanimous vote.

Joe Minichiello made a motion to approve the NBME retake policy (i.e. the first two recommendations above) with the amendment that was previously voted on, seconded by Barbara Homeier. The motion was passed by unanimous vote.

3. LC Review Discussion – Dr. David Mullins

- Dr. Mullins proposed the formation of a Geisel Longitudinal Curriculum Committee (GLCC). He reviewed the overarching responsibilities, short-term goals, and ongoing activities of the committee
- The GLCC will be empaneled with the initial goal of designing and conducting an LC Phase Review and evaluating the overall LC program. During this phase, the GLCC will meet monthly.
- Future task will be the ongoing review of LCs, at which time LCC meetings may be spaced out to quarterly
- There was discussion on membership, and it was decided to add one admin from preclinical as an ex officio member.

Joe Minichiello made a motion to accept the Geisel Longitudinal Curriculum Committee with the addition of one admin from preclinical as an ex officio member, Seconded by Abby Keim . The motion was passed by with 1 abstaining vote.

4. Phase 1 Split Year – Dr. Virginia Lyons

- Geisel is reinstating the split year policy for M1 students only.
- Split year was temporarily unavailable because of how it would fit into the new curriculum.
- In the process of determining how to do a split year for M2 Students
- There are no deadlines for split year, it is just a status change and can be done at any time.

Ongoing Business

- MEC Restructure Subcommittee
- Phase 2 Review

Future Meetings

MEC meetings are the 3rd Wednesday of each month from 4:00 – 5:30 p.m.

- April 20th 2022
- May 18th 2022