Meeting Date:	May 17, 2023
Time:	4:00 – 6:00 p.m.
Meeting Location:	Zoom
Approval:	June 21, 2023
Recorded By:	Amy Rose

Attendance

Present = X, Absent = 0

Faculty Voting Members							
Chamberlin, Mary (Clinical - Medicine)	X	**Boardman, Maureen** (Preclinical & Clinical- Family Medicine, Community Preceptor Rep)	X	**Pellegrini, Vin** (Department of Orthopaedics)	X	**Crockett, Sarah** (Clinical-Emergency Medicine)	X
Hanissian, Paul (Preclinical & Clinical- Obstetrics and Gynecology)	X	**Hartford, Alan** (Clinical-Medicine)	X	**Hofley, Marc** (Clinical – Pediatrics)	X	**Homeier, Barbara** (Preclinical- Pediatrics)	X
Matthew, Leah (Clinical-Family Medicine)	X	**Myers, Larry** (Preclinical- Medical Education)	X	**Black, Candice** (Department of Pathology and Laboratory Medicine)	0	**Guthiknoda, Kiran** (Department of Anesthesiology)	X
Saunders, James (Clinical-Surgery)	X	**Sorensen, Meredith, Chair** (Clinical-Surgery)	X	**Thompson, Rebecca** (Clinical – Neurology)	X		

Student Voting Members							
Year 1							
Hernandez, Eli	X	**Li, Kevin**	X	**Pfaff, Mairead**	X	**Plona, Kelsey**	X
Year 2							
Fong, Justin	0	**Gil Diaz, Macri**	X	**Maosulishvili, Tamar**	X	**Thomason, Helen**	0
Year 3							
Carhart, Briggs	X	**Fitzsimmons, Emma**	X	**Thomson, Chris**	0	**Xu, Jane**	0
Year 4							
Banerji, Sarah	0	**Cheema, Amal**	0	**Hanley, Meg**	0	**Morris, Linda**	X
MD/PhD							
Emiliani, Francisco	0	**Zipkin, Ronnie**	X	**Marshall, Abigail**	X	**Reiner, Timothy**	0

Non-Voting Members

Name		Name		Name		Name	
Albright, Amanda (Instructional Designer)	0	**Borges, Nicole** (Chair, Dept. of Medical Education)	0	**Chimienti, Sonia** (Senior Associate Dean for Medical Education – SADME)	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)	X	**Holmes, Alison** (Associate Dean, Student Affairs)	0
Jaeger, Mikki (Registrar)	X	**Kerns, Stephanie** (Associate Dean, Health Sciences & Biomedical Libraries)	X	**Lyons, Virginia** (Preclinical - Associate Dean Preclinical Curriculum)	X	**McAllister, Steve** (Director, Educational Technology)	0
Barbour, Nancy (Director, Assessment & Evaluation)	X	**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)	0
Ricker, Alison (Clinical - Director, Clinical Curriculum)	X	**Rose, Amy** (Administrative Support, UME Affairs)	X	**Cameron, Justine** (Director, Accreditation & CQI)	0	**Shaker, Susan** (Preclinical- Manager)	X
McBride, Lisa (Associate Dean, Diversity, Equity and Inclusion - ADDEI)	X	**Weissburg, Paul** (Associate Dean, Evaluation and Assessment, ADAQA)	X	**Levy, Campbell** Phase 3 Director	X		

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

Isabelle Tersio					

Vice Chairs for Academics – Student Government

Cheema, Amal	X	**Gil Diaz, Macri**	X		

Former MEC Student Members – Student Government

Guest(s)

Thomas Thesen			

Call to Order

Meredith Sorensen, MD Chair – Medical Education Committee

Meredith Sorensen, called the meeting to order at 4:15 pm.

Announcements

Meredith Sorensen, MD

1. Congratulations to our M4 MEC reps – Linda Morris, Meg Hanley and Sarah Banerji and DICE rep – Isabelle Tercio.
2. 4 Faculty members that are rotating off in June – Dr. Sarah Crockett, Dr. Paul Hanissian, Dr. Larry Myers & Dr. James Saunders.
3. Amal Cheema & Macri Gil-Diaz are the new Co-Academic Chairs.

Approval of Meeting Minutes

Meredith Sorensen, MD

Approval of April meeting minutes.

Vin Pellegrini made a motion to approve the April 2023 MEC meeting minutes. The motion was seconded by Alan Hartford. The motion passed by a unanimous vote.

Student Issues & Feedback

- No student issues.

Consent Agenda

1. **Grade Appeal Policy Revisions** – Dr. Paul Weissburg
   a. No level 0 – this is an informal conversation, the appeals process begins with Level 1.
   b. Level 1 – remains the same
   c. Level 2 – Grade Appeals Response Team (GART) rather than curricular dean. Members of GART include – ADAQA, ADDEI, Director, Evaluation and Assessment, No fewer than 2 faculty who teach in Phase 1, No fewer than 2 faculty who teach in Phase 2 or 3, Curricular Associate Deans (non-voting role)
   d. Level 3 – Level 3 Appeals Team – SADME, The Chair of APC, Associate Dean, Admissions
   e. Added the requirement that at least one of the voting members must be from the phase from which the appeal originated.

Leah Matthew made a motion to accept the Grade Appeal revisions. Seconded by Paul Hanissian. The motion was passed.

2. **APC Revisions** – Dr. Sonia Chimienti
    a. Clarify the wording regarding the Tiers.
    b. Clarify that the work of the CAAGs does not end up in the MSPE.
    c. Reject the suggestion to modify the approval process for the APC members (keep as outlined in policy).

Linda Morris made a motion to accept the APC revisions. Seconded by Barbara Homeier. The motion was passed.

Subcommittee Updates

1. None

New Business

1. **Neuroscience & Neurology Course Objectives** – Dr. Virginia Lyons

    1. Describe the anatomy, histology, embryology/human development, and physiology for the Nervous System. [MS.2]
    2. Differentiate among nervous system-specific disorders and diseases based on clinical signs, symptoms, etiology, epidemiology that includes social determinants of health, pathology, and pathophysiology in the Nervous System. [MS.2, MS.3, PH.2]
    3. Identify diagnostic tools, including imaging, laboratory studies and physical exam, and interpret results to evaluate conditions in the Nervous System. [MS.3]
    4. Identify pharmacological and non-pharmacological options, including pharmacokinetics, mechanisms of action, indications, contraindications, adverse effects, and interactions, for management of conditions in the Nervous System. [MS.2, MS.3,]
    5. Given a clinical scenario, integrate anatomy/histology/human development, normal physiology/pathophysiology, signs/symptoms, etiology/epidemiology, diagnostic tools/results, and/or pharmacological/non-pharmacological treatment for disorders of the Nervous System. [MS.2, MS.3, MS.4]
    6. Practice team skills including effective collaboration, active listening, conflict management and allocation of tasks. [CT.2, CT.5]
    7. Promote a safe and respectful learning environment to facilitate effective team performance. [CT.1]

Linda Morris made a motion to accept the course objectives are presented. Seconded by Leah Matthew. The motion was passed.

2. **Renal Course Review** – Dr. Virginia Lyons

| MEC Recommendations	Course Leader Action Plan
1. Incorporate weekly formative quizzes into the course. We suggest doing this with Canvas to be consistent with other courses.	1. Will plan for weekly formative quizzes
2. Review opportunities to consolidate some of the course objectives, especially some of those related to professionalism skills. (e.g., course objectives 19-24)	2. Will review course objectives and try to eliminate redundancy
3. Incorporate small group sessions to provide more variety in pedagogy. This format was well-received in prior iterations of the course.	3.It is our intention to be able to conduct 4 sessions I small group format. This will be contingent on the availability of faculty/fellows to facilitate groups and group size may be dynamic.
4. Coordinate with LC leaders for pediatrics and genetics content to examine the amount and relevancy of the content which was felt to be quite dense.	4.Maintain focus on primary goal of material to prepare learners to function in their clerkships. Will discuss with specific LC (peds/genetics) whether aspects traditionally covered in this course would be met in Phases 2/3. The course director is currently reviewing most recent Step prep material to ensure that topics currently tested are covered by curriculum.
3. More broadly it would be worthwhile to explore how to optimize the content for Phase 1 going forward: what do students need to know to be successful in clerkships vs. what do students need to know for Step 1 vs. what is best to be learned in Phases 2 and 3. This may help guide efforts to streamline content.	
	5.Will discuss with Psychiatry course director how to address the psycho-social approach to patients with chronic disease (such as CKD) and determine if components of this need to be added to renal curriculum.

Discussion
- Course Leader Action Item #4 - Change "The course director is currently reviewing most recent Step prep materials to ensure that topics currently tested are covered by curriculum". To "The course director is currently reviewing most recent Step prep materials to align content assessed on Step 1 with topics covered by the curriculum."

Paul Hanissian made a motion to accept the course leader action with the exception of changing the word ensure to align in action item #4. Seconded by Leah Matthew. The motion was passed with 1 not in favor.

MD Pathways of Concentration – Dr. Vin Pellegrini & Briggs Carhart

- **Charge –** A working group was charged to explore and develop a framework for an MD Pathways program, including recommendations on the number and overarching themes of pathways.
- **Pathway of Concentration** –
  - An *elective* opportunity for Geisel students to embark on their journey of professional formation to gain formalized experiential learning and mentorship in a specialized area of interest.
  - Students will complete co-curricular requirements alongside the formal Phases of the core MD curriculum. The Pathway will conclude with a scholarly project.
  - Students will experience the same core MD curriculum with approved modifications or recommendations, as appropriate.
- **Leadership/Organization**
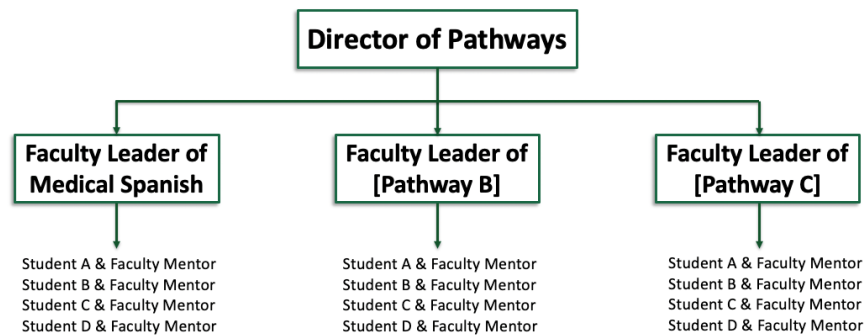
Faculty Leaders can offer Student Leadership opportunities, as appropriate

- **Requirements**
  - Students will dedicate approximately 300-500 hours to complete a Pathway, including a scholarly project.
  - Scholarly Requirements may include:
    - Specialized coursework or didactics or workshops
    - Research opportunities
    - Clinical experiences
    - Co-curricular activities (volunteering, conferences, etc.)
  - Guided Reflection will be an integral and required element of all Pathways
  - Students can complete scholarly work at external institutions or organizations provided that the student has a *Geisel* faculty mentor to help integrate their experience into the Pathway.

- **Timeline**

Application Fall of Year 1	→	Year 1 Summer (Commence Project)	→	Continuation in Phases 1 & 2	→	Wrap up w/ Final Project in Phase 3

Entry into the Pathway will be determined by the Faculty Leader.
Pathway pre-requisites will be stipulated and justified.

Scholarly work, mentorship, and reflection will occur throughout the
program.

- **Additional Parameters**
  - Pathway should be structured for completion within 4 years.
  - Students may opt for an ASY, Split Year, or LOA based on preference and individual needs of the student, not because of the Pathway itself.
  - Students must be in Good Academic Standing
  - 1 Pathway Limit
- More Pathways?
  - Appointment of an overall Director of Pathways Program
  - A Faculty Leader will work with Director of Pathways to design a Pathway
  - The Faculty Leader will propose the Pathway to the MEC for formal approval
    - Proposal including Mission, Requirements, Selection, Budget, etc.
- Assessment & Evaluation
  - *Of Pathways*: After MEC approval, no periodic review will be required. There are no benchmarks to review. MEC can provide occasional oversight recommendations, as needed.
  - *Of Students*: Completion only. If a clerkship / course / elective is required, the student will only need a passing grade to fulfill the requirement. Faculty Leaders do not need the tiered grade (if applicable).
- Designation of Achievement
  - MSPE - If substantial progress is made (as defined by Pathway Faculty Leader), a notation and corresponding narrative will be included on a student's MSPE.
  - Certificate - After completion of requirements, students will receive an official Geisel Certificate.
  - Diploma - Possible to include on Diploma, pending logistics. Pathways will not be noted on a student's Transcript.
  - Distinction - Exceptional achievement in a Pathway may be recognized through existing awards. Future consideration of a designation of distinction in a Pathway may be entertained at a later date.
- Working Group Recommendations
  - We recommend MEC approval of the Pathways of Concentration framework, including a Director of the Pathways Program.
    - Reference corresponding document.

- o The approximate number of Pathway themes in the program should be between five to eight.
- o The themes of broad Pathway designations may encompass several individualized Pathways tailored to individual student interests. These individualized Pathways may vary to fit the content expertise of Faculty mentors and the professional development interests of the Geisel student body. Pathway themes should be broad enough to accommodate the breadth and depth of student scholarly work while sufficiently well-defined to be logistically manageable and standardized across individual Pathways. **Example** of broad Pathway themes include:
  - ▪ Medical Spanish (*approved* with the inaugural Class of 2025)
  - ▪ Research & Scientific Discovery
  - ▪ Health Equity (in Rural Health, Urban Health, <u>or</u> Global Health)
  - ▪ The Human Experience & Ethics
  - ▪ Medical Education
  - ▪ Healthcare Delivery Science: Innovation, Systems, and Scenarios

Discussion/Questions

- • Partnership/working with scholar groups?
- • Is every student in a pathway?
- • Can there be flexibility on the number of students in a pathway? What if 50 students apply for a pathway?
- • Soft cap for number of students in a pathway?
- • Consider a panel make the decision instead of an individual.
- • Will every student that wants to be in a pathway include? How to not leave a student out?
- • Could students apply generally and rank their top 2 or 3 pathways?
- • What about people who complete the requirements outside of the framework of the pathway, or who come to the work later? I.e. If I had chosen a pathway at the beginning of M1 it certainly wouldn't have been MedEd, and yet I will have definitely put in 500 hours on the topic.
- • Good academic standing – how is that defined and what happens to student in pathway that is not in good standing?
- • Staffing for pathways – Medical Spanish Pathways is requiring .1FTE of support time
- • Standardizing workload and completion requirements of pathways
- • Is there a way to work in summer research stipends? How would you ensure equity?
- • How to present the pathways as an opportunity rather than another commitment – being clear about messaging (not a burden but enrichment)
- • WHO makes decisions about which pathways? Develop organically?
- • Is every pathway approved by MEC?
- • How are pathways monitored/evaluated by MEC?
- • Do we put out a call for pathways, so that we have a group of pathways that are available/developed for the coming year? Just thinking about having a range of opportunities for students (equity and access). I am thinking there should be some options to meet the interests and needs of the student body. Should there be a call, and should these be defined for our students/community?

- There should be stipulated that students can exit a pathway without penalty if it ends up not being what they wanted - or too much of a commitment.

Grade Cut-offs Discussion – Dr. Paul Weissburg

- Current System
  - All courses have the same pass-fail cut-off at 70%.
  - At the end of each course, based on student performance, the course director may decide to change the pass-fail cut-off. **This is only ever done to benefit the students.**
  - If a change is proposed, the GAOC then votes to approve the change.
- Main concerns with the current process
  - Logistics of the voting process – not enough time to have a thoughtful discussion.
  - Students have the right to know the actual cutoff for a course from the start.
  - Fairness/perceived fairness – identical scenarios may be handled differently.
- Proposing - The development of **consistent and transparent criteria for when changes to cut-offs are made** and **a small group trained to make those decisions in cooperation with the course directors** using consistent, transparent criteria.
- Proposal - Prior to the course
  - Rather than requiring a 70% pass-fail cut off for all courses, course leaders are invited to work with the Assessment and Evaluation Team to update cut-offs based on historical data.
  - Cut-offs for each course must be agreed upon *at least* 30 days before a course begins. Updates will be reported to the GAOC and the MEC.
- Proposal – After the course
  - At the end of a course, cut-off grades may still be revisited if concerns are raised by the course leaders, Dr. Barbour, Dr. Weissburg, or Dr. Lyons. Such a meeting will happen automatically if 10% or more of the students fail the course. Changes should always be made with an eye toward precedent.
  - Those meetings will include the following people:
    - The course leaders
    - Director of Assessment and Evaluation (Dr. Barbour)
    - The ADAQA (Dr. Weissburg)
  - If—and only if—that group of people are unable to come to a consensus on the final cut-off grade, the issue would then be brought to the voting faculty members of the GAOC for a final decision.
- Discussion/Questions
  - Number that triggers a meeting – change to 5% of student fail the course rather than 10%.

Preclinical Attendance Policy – Dr. David Mullins, Eli Hernandez, Kelsey Plona, Mairead Pfaff, Kevin Li

- **Core Charge** - To understand student concerns about the Geisel Preclinical Attendance Policy and its implementation, and to create sustainable and supportive policies and procedures that maintain curricular integrity while meeting student needs.
- **Projects** –
     1. Listen to student concerns about the Attendance Policy and implementation
     2. Recommend Attendance Policy changes to the Geisel MEC
     3. Advise the Preclinical Office on procedures for implementing the policy and effectively communicating with students.
- **Deliverable –**
     o Revised Preclinical Attendance Policy
- **Key Drivers**
     o **Curriculum:** The school has a *responsibility* to deliver a comprehensive and effective curriculum, which will allow students an optimal opportunity to achieve mastery of content and to ensure that Geisel graduates have the requisite skills to act as capable and competent physicians.
     o **Student Agency:** Geisel students are *adult learners* and should have agency in making decisions about their strategies to achieve mastery in the curriculum and to become capable and competent physicians.
     o **Accountability:** Faculty and Students must be accountable to the curriculum.
          ▪ Faculty should deliver effective, high-quality educational sessions using the most appropriate pedagogies.
          ▪ Students should be prepared for full engagement in educational sessions and approach the curriculum in a purposeful manner.
     o **Wellness:** Student wellness is paramount for maintaining the potential to flourish in our curriculum and in their careers.
     o **Eliminating or Lowering Barriers:** Geisel should minimize the administrative burden on students, faculty, and staff by embracing a culture of honor and shared accountability.
- **Student Perspective – Attendance Policy Changes**
     o **Concern –** Students feel that the determination of absence approval is subjective and requires inclusion of details of their personal life.
          ▪ **Proposed Solution –** removal of all need for student personal life details in emails between them and administration; change of language policy, e.g. "Absence Request Form" becoming "Notification of Absence Form"
     o **Concern –** Current categorization of "required" status for a class is left to the discretion of the course directors, rather than having a regulated curation protocol to ensure alignment with preclinical policies.
          ▪ **Proposed Solution -** Large group sessions default to "non-required" status. Course directors aiming to make a session required will submit an attestation form justifying the designation. The preclinical staff will review these requests.
- **Required vs. Non-required Sessions**

- o **Required Sessions –** Clinical Encounters, Small Group Sessions, Large group interactive sessions (may be required if faculty submit an attestation form to preclinical office, 3 months in advance to course starting).
- o **Non-required Sessions –** Large group teaching sessions, large group interactive sessions (default to non-required)

- **Labeling of Required Sessions -** Sessions of all categories during which attendance is required will be labeled appropriately in OASIS at least 3 months before the start of the curricular block.
- **Mislabeled Sessions -** Any sessions that are miscategorized or mislabeled should be brought to the attention of the Preclinical Office for review.
- **Excused Absence –** student is aware, usually far in advance, that they will need the time off, including, students will submit notification of absence form rather than a request form.
- **Unplanned Absences -** are those for which a student must miss required sessions, when the absence could not be anticipated in advance, including: illness, personal or family emergencies, unanticipated healthcare appointments, immigration office appointments. Students should submit a Notification of Absence form for unplanned absences as soon as possible. If the absence is not accounted for by a Notification of Absence form within 48 hours of the missed required session, the absence will be defaulted to unexcused.
- **Unexcused absences** are those for which a student misses (a) required session(s):
  - o Without submitting a Notification of Absence form
  - o With a Notification of Absence form submitted more than 48 hours after the absences
  - o More than twice per block or 10 times across Phase I, without prior authorization from the Associate Dean for Preclinical Education
    - ▪ Students who have more than two unexcused absences from required sessions in a specific curricular block will be referred to meet with a trusted mentor of their choosing to identify and discuss barriers and to receive support.
- **Remediation of Absence** - Faculty will provide students with make-up work, when appropriate and with the same expectations as for students who were in attendance. The reason for a student's absence will not be shared with faculty.

Discussion/Questions

- Figure out how coaches are notified of student absences.
- Change 48 hours to 24 hours for notification of unplanned absence.
- Large group sessions – faculty can provide recording rather than going in person to lecture to an empty room. Potentially set up office hours for small group or one-on-one discussion about the lecture.
  - o Ask questions in Panopto recording on canvas?
- Definition of pattern of multiple excused absences
  - o Need a threshold for a check in
  - o Pattern for certain course
- Large group interactive sessions
  - o Change **best** achieved to **being** achieved.
  - o Change **justified** that the session objectives are best achieved to **state** that the session objectives are best achieved.

Ongoing Business

- Policy working group
- MEC Bylaws/Charge working group

Future Meetings

MEC meetings are the 3rd Wednesday of each month from 4:00 – 6:00 p.m.
  - June 21st