

Meeting Date: October 18, 2023
Time: 4:00 – 6:00 p.m.
Meeting Location: Zoom
Approval:
Recorded By: Justine Cameron

Attendance

Present = X, Absent = 0

Faculty Voting Members

Castellano, Juliana (Clinical -)	X	Boardman, Maureen (Preclinical & Clinical- Family Medicine, Community Preceptor Rep)	X	Pellegrini, Vin (Department of Orthopaedics)	X	Lee, Michael (Department of Medical Education)	X
Chamberlin, Mary (Clinical - Medicine)	X	Hartford, Alan (Clinical-Medicine)	0	Hofley, Marc (Clinical – Pediatrics)	X	Homeier, Barbara (Preclinical- Pediatrics)	X
Matthew, Leah (Clinical-Family Medicine)	X	Marshall, Alison (Clinical – Emergency)	X	Black, Candice (Department of Pathology and Laboratory Medicine)	X	Guthiknoda, Kiran (Department of Anesthesiology)	X
Sorensen, Meredith, Chair (Clinical-Surgery)	X	Thesen, Thomas (Department of Medical Education)	X	Thompson, Rebecca (Clinical – Neurology)	X		

Student Voting Members

Year 1

Dameron, Corbin	X	Darling – Mena, Addie		Gayne, Alexys	X	O'Brien, Wade	X
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Year 2

Hernandez, Eli	X	Li, Kevin	X	Pfaff, Mairead	X	Plona, Kelsey	X
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Year 3

Fong, Justin	0	Gil Diaz, Macri	X	Maosulishvili, Tamar	0	Thomason, Helen	0
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Year 4

Carhart, Briggs	X	Fitzsimmons, Emma	0	Thomson, Chris	X	Xu, Jane	0
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MD/PhD

Emiliani, Francisco	0	Zipkin, Ronnie	X	Marshall, 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)		Fountain, Jennifer (Assessment)	X	Holmes, Alison (Associate Dean, Student Affairs)	X
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
Vacant (Director, Evaluation & Assessment)		Mullins, David (Associate Dean, Biomedical Science Integration Chair, Geisel Academy of Master Educators)	0	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)	0	Cameron, Justine (Director, Accreditation & CQI)	X	Shaker, Susan (Preclinical- Manager)	X
McBride, Lisa (Associate Dean, Diversity, and Inclusion)	0	Weissburg, Paul (Associate Dean, Evaluation and Assessment)	X	Levy, Campbell Phase 3 Director	X		

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

Jada English		Maya Ellis					
Vice Chairs for Academics – Student Government							
Cheema, Amal	X	Gil Diaz, Macri	X				

Former MEC Student Members – Student Government

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Guest(s)

Alayna Sharp	Aleen Cunningham	Kristina Ali
William Nelson	Aaron Tannenbaum	

Call to Order

Meredith Sorensen, MD Chair – Medical Education Committee

Meredith Sorensen, called the meeting to order at 4:03pm on Wednesday, October 18, 2023.

Announcements

Meredith Sorensen, MD

1. No Announcements

Approval of Meeting Minutes

Meredith Sorensen, MD

1. *Dr. Alison Marshall made a motion to approve the Sep 2023 MEC meeting minutes. The motion was seconded by Amal Cheema. The motion passed by a unanimous vote.*

Student Issues & Feedback

1. Amal introduced MEC M1 Reps – Wade O'Brien, Corbin Dameron, Addie Darling-Mena, and Alexys Gayne. Warm welcome and thanks for their participation in the MEC!

Consent Agenda

1. **M1 AY 24-25 Calendar**
 - a. Vote is to approve final version of M1 calendar. No major changes from last meeting.

Dr. Alison Marshall made a motion to accept the M1 Calendar. Seconded by Dr. Maureen Boardman. The motion was passed unanimously.

Business

1. **Critical Care/EM selective pilot program continuation for AY24-25**
 - a. Phase 3 Acute Care Curriculum Proposal – Feedback is that this is positive, but there was work that needed to be done to see what the curriculum would look like. This included a big budgetary ask, which they were not comfortable submitting for review at that time.
 - b. This has been an ongoing conversation for 10 years; setting the stage so all are up to speed on what the goal is.
 - c. Why is this needed? Borne out of multiple committees, including LCME element 7.2, which ensures students have acute and end of life care experiences. Also AAMC EPA 10 requires this experiential learning as well.

- d. Geisel currently has variable exposure to critical conditions in ICU and/or acute illness. Core clerkships no longer have required critical care experience within. Less overnight calls/exposure.
- e. Feedback from PGY1s stated that they would appreciate more acute care experience, ED experience, critical care experience, etc.
- f. In addition to identifying the need, additional initiatives could include: interprofessional education, re-visiting foundational sciences in a meaningful way, use of bedside ultrasound. EM presents as fertile ground to incorporate these additional initiatives.
- g. Proposed timeline:
 - i. Next month, Nov 2023, Critical Care selective details will be provided to MEC. Dec would be a vote on the Critical Care selective objectives. Lottery would follow (late January). April 2024, critical care selective begins. April 2025 would be first cohort of students to start combined acute care medicine course in its fully integrated format.
 - ii. Phase 1 (now) - building the components of this. 2 directors hired to lead the build on this. DHMC would not be able to host the majority of the EM component, so these directors are working to build the capacity elsewhere, like Eliot Hospital. 5 new sites developed this year. For critical care, collab with PICU, NICU, etc to understand how many more Geisel students they can take on. Dr Tannenbaum is also developing critical care elective that would become a part of this proposal. In addition to building out capacity, the directors have been working on curriculum development. Looking at learning objectives, assessments, activities, etc, informed by society guidelines and other programs' curricula. Focused on narrowing down specifics. The next month presentation will be an overview of learning objectives.
 - iii. Phase 2 (AY24-25) - 2 week critical care selective experience for all phase 3 students. Not a large budgetary ask. More of a unifying curriculum to share by that time. Core learning modules have been identified for use. Dr Tannenbaum will continue to work with EM director to coordinate plan of integration with critical care. Not recommending that this is required for AY24-25, but highly recommend this.
 - iv. Phase 3 (go live) - April 2025. This will be when new phase 3 students will participate in what will hopefully be a MEC approved combined course in EM & Critical Care.

h.

1. Pathways Discussion

- a. Presented by Briggs Carhartt – MEC charged subcommittee to develop a pathways program.
- b. Pathways of concentration – MD curriculum will remain the same for all students; the pathway is the addition to that. Considered a “minor” to the “major” of the MD.
- c. Director of Pathways will serve as overarching leader, with faculty leaders of various concentrations.
- d. Students will dedicate 300-500 hours to this experience, with a scholarly project. There could be research, clinical experiences, conferences, volunteerism, etc. It is very broad as different fields require different efforts. Guided reflection will be integral and required of all pathways.
- e. Entering a pathway – statement of intent submitted, to gauge interest. 1 pathway limit per student. Size should be unrestricted; students should be able to find projects and mentors to satisfy completion of pathway.
- f. Stakeholder meetings – Overall there is support for pathways. The goal is for there to be flexibility, so guidelines are more vague at the moment. Emphasis on student input in pathway development process, including development of a feedback loop. Scholars Groups are unclear on how they will exist in relation to the pathway. Students and faculty in those groups will determine how/if they transition to a pathway.
 - i. Medical Spanish Pathway may need to be rebranded to keep independent from the pathways, as the demands are different.
- g. If approved, next steps are:
 - i. appointment of director of pathways
 - ii. director will meet with senior leaders, students, etc.
 - iii. new pathways would be proposed to MEC for approval
 - iv. new pathways will be available to give diverse options

Dr Pellegrini added the following comments regarding the development process:

- a. Dr Pellegrini and Briggs developed and ran the pathways development meeting
- b. Developed through the lens of a student, to ensure that it is representative of student perspective and input
- c. Document re pathways was developed on the principle of consensus; everything was thoroughly discussed and agreed upon by all working group members
- d. Minority opinion document was provided to give a flavor for the breadth of discussion, and foundation of the final recommendations.
- e. Shared that the development of the pathways programs included the concept of distinctions, or something to highlight a student’s work/provide an accolade for students, but this did not carry through to the final recommendation

Intended to start with phase 1 students, and to be initiated in summer of 2024. It is anticipated that other classes can be included; goal is to remain flexible upon implementation.

Questions/Concerns:

1. Oversight – will MEC continue to oversee the program?
 - a. At this time, yes. The Pathways will not be subject to regular, rigorous review. But, expectation is that they will be reviewed occasionally. Intent was not to add that level of structure to the pathways as there is with courses.
2. Do students feel that the pathway development will help lessen the need to participate in a ton of extracurricular activities?
 - a. Briggs shared that it brings some formality to their experiences, but does not have a data point as to whether students collectively feel this way.
3. Proof of completion?
 - a. A certificate will be provided at the end. There is no penalty for lack of completion (no possibility of failing).
4. Noted that there is a difference between the medical spanish pathway distinction and these pathways/scholarly concentrations. There are core clerkship and elective requirements for the medical spanish pathway distinction. Additional agreement that there should be clarity in the naming conventions as we move to approve this.
5. Committee member noted that it would be helpful to hear more about the assessment and review process for the pathways. Briggs noted that there will be regular provision of statistics re participation, with occasional review of the pathways program.
6. How would this be represented on the transcript? No transcript notation, but there can be diploma notation. Registrar team will communicate with Pathways director to build this out.
7. Considerations of exit options for people who start and want to transition to other pathways. Considerations of participation vs concentration (completion). Briggs noted that you can transfer. You can still note it on CV, application, etc. if you did not complete it.
8. Student Question: is the pathways guideline document a “holy grail” or can it be modified over time? Curious about an avenue for feedback and student considerations over time. Folks answered with suggestions that there be an addition to document: feedback will be regularly solicited by Pathways Director of students.
9. The committee did not like the lottery option, as the point of the statement of intent is to identify your interest and ensure that you participate in a pathway that is meaningful to accomplishing your goals/interests.

10. Clarity provided regarding differences between programs: Scholars groups are special interest groups, not longitudinal with no set curriculum or deliverables. Med Spanish Pathway has longitudinal curricular expectations. Pathways provide framework for co-curricular activities, and have varied expectations.
11. Summary is that the pathways document provides some direction and guidelines, but is intentionally open to be built out further.
12. Question asked - can MEC vote to approve, with an update to be provided in the Spring? MEC must approve anything that will be recognized by the school as an experience. Clarity provided by Dr Chimienti that the MEC can acknowledge value and approve the framework, with the request that further details be brought back to the MEC at a later date to see this further developed.

Dr. Vincent Pellegrini made a motion to accept the pathways proposal, with recommendation that once pathway director is appointed, they will come to MEC to detail implementation. Seconded by Dr. Mary Chamberlin. The motion was passed at 81% (13 in favor, 3 not in favor).

2. Phase 2 Review

Key Findings and Recommendations, presented by John Dick. Asking MEC to vote next month.

1. **Objectives and Outcomes** – overarching, high level phase objectives provided for phase 2.
2. **Gap Analysis** – with each core competency, there are 5-11 objectives tied to them. As a phase, the group looked at various stakeholders and asked of the competencies, what is the level of emphasis that phase 2 should have on them. Found good correlation between # of sessions to each objective and what folks believed should be the right amount. 37 objectives had sufficient coverage. 11 objectives need more attention or better mapping in the curriculum inventory. Action items out of this were to ask the co-chairs to meet with the clerkships and review the program objectives to see what needs to be mapped.
3. **Integration of LC** – Surveyed the LC leaders to get their perspective/perceived integration of their LC in phase 2, compared to phase 1. Only 31% of LC leaders felt they had good integration of their content into phase 2. When asked why, perhaps lack of awareness. Challenges relate to assessments of the LCs. Some challenges were that the content was perhaps not needing to be referenced in phase 2. Students felt the LC topics as a whole were well integrated into the curriculum. Subcommittee requests clarity from MEC regarding integrations across the curriculum.
4. **Outcomes Data** – Majority of students are achieving desired curriculum objectives as determined by clerkship pass rates and SPEs (97-100% of students are meeting expectations). Geisel students are on average outperforming their peers on national tests, including NBME subject exams as well as USMLE Step 2. Residency Program Directors receive Resident Readiness Survey – Geisel students are on average demonstrating higher performance than their peers. Insufficient data to say whether students had sufficient breadth of exposure in phase 2 in facilitating career choice.
5. **Student Clerkship Performance** – 99% of students pass clerkships and meeting clerkship objectives
6. **Step 2 Performance** - avg score of 253 compared to 248 for national avg for 2023. Geisel consistently performs above national average, looking at 5 years of data.
7. **Resident Readiness Survey (class of 2022, surveyed in 2023)** – Geisel students exceed overall performance compared to national.
8. **Student Feedback** – clerkship evals along with GQ data. Students rate all clerkships around 4/5. Full data set available in Phase 2 report.
9. **PGY 1 Survey** – Most students believe they were well prepared by Geisel to enter residency.
10. **Qualitative Review** – focus groups and surveys were completed with students, clerkship directors, clerkship coordinators, and associate dean of clinical education.
11. **Perceived strengths:**
 - a. Variety of sites
 - b. High level of engagement re teaching
 - c. Ability to provide meaningful clinical experiences
12. **Perceived challenges:**

- a. Negative impact of current grading and clinical evaluation system (student and educator concerns re reliability and validity, perceived impact of grading on learning, and impact of tiered grading on interactions between students/staff/faculty)
 - b. Difficulty finding and retaining clinical sites
 - c. Integration of longitudinal curricula
- 13. Were the guiding principles achieved re Curriculum Modification:**
- a. Did you allow more time for students to specialize/participate in phase 3?
 - i. Yes, this was achieved.
 - b. Was foundational material revisited throughout clinical setting to emphasize importance and applicability of knowledge?
 - i. Not as well as they would have liked.

Key Findings summarized:

1. During the curriculum modification, there were never clearly stated overarching learning goals for each individual phase of the curriculum, including Phase 2, making this process piecemeal. That said, a clear goal of the modification was to start and end Phase 2 three months earlier so that students could have more time for individualization in Phase 3. This was achieved.
2. The majority of Medical Program Objectives determined appropriate for coverage in Phase 2 were deemed to have sufficient coverage by the gap analysis review.
3. The review of academic performance data indicated that the majority of our students are achieving the desired curricular learning objectives.
4. The majority of students appreciate the outstanding teaching by faculty and residents, rating highly their educational experiences.
5. Many students and faculty and clerkship coordinators share concerns about tiered grading, citing concerns about reliability, reproducibility, and the impact on the student/educator relationship.
6. Students value experiences that increase their independent learning and ability to do more, citing this adult learning as highly valuable for building their skills.
7. The COVID-19 pandemic likely impacted much of the data reviewed including evaluation, assessment, and curriculum inventory. Thus, moving forward, using this data for baseline and comparative purposes may be a challenge.

Recommendations:

1. Address gaps found in gap analysis
2. Develop standardized process to evaluate adequacy of exposure to various fields
3. Incorporate vertical integration of relevant thread including foundational science throughout phase 2
4. Modify clinical SPEs and grading system
5. Develop comprehensive analysis where the MPOs are taught throughout entire 3-phase curriculum

Dr. Sorensen suggests that November agenda includes 20-30 min discussion regarding phase 2 review. Then, the group will vote on the recommendations provided during this meeting.

Meeting closed at 6:02pm.

Ongoing Business

- Policy working group
- MEC Bylaws/Charge working group

Future Meetings

Next meeting: November 15, 2023

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