Dartmouth GEISEL SCHOOL OF MEDICINE

MEDICAL EDUCATION COMMITTEE MEETING MINUTES

Meeting Date: November 15, 2023
Time: 4:00 – 6:00 p.m.
Meeting Location: Zoom
Approval: December 13, 2023
Recorded By: Amy Rose

Attendance

Present = X, Absent = 0

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

Student Voting Members							
Year 1							
Dameron, Corbin	X	**Darling – Mena, Addie**	X	**Gayne, Alexys**	X	**O'Brien, Wade**	X
Year 2							
Hernandez, Eli	0	**Li, Kevin**	X	**Pfaff, Mairead**	X	**Plona, Kelsey**	X
Year 3							
Fong, Justin	0	**Gil Diaz, Macri**	0	**Maosulishvili, Tamar**	0	**Thomason, Helen**	0
Year 4							
Carhart, Briggs	X	**Cheema, Amal**	X	**Fitzsimmons, Emma**	0	**Thomson, Chris**	0
MD/PhD							
Emiliani, Francisco	0	**Zipkin, Ronnie**	X	**Marshall, Abigail**	X	**Reiner, Timothy**	X

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, Student Success & Accessibility)	0	**Fountain, Jennifer** (Assessment)	X	**Holmes, Alison** (Associate Dean, Student Affairs)	X
Jaeger, Mikki (Registrar)	X	**Kerns, Stephanie** (Associate Dean, Health Sciences & Biomedical Libraries)		**Lyons, Virginia** (Preclinical - Associate Dean Preclinical Curriculum)	X	**McAllister, Steve** (Director, Educational Technology)	0
Vacant (Director, Assessment & Evaluation)		**Vacant** (Associate Dean, Biomedical Science Integration Chair, Geisel Academy of Master Educators)		**Pinto-Powell, Roshini** (Associate Dean, Admissions)	0	**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)	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)							
Vice Chairs for Academics – Student Government							
Cheema, Amal	X	**Gil Diaz, Macri**	0				

Former MEC Student Members – Student Government							

Guest(s)		
Alex Rich	**Jasper Joyce**	**Aleen Cunningham**
William Nelson	**Alayna Sharp**	**Kristina Ali**

Call to Order

Meredith Sorensen, MD Chair – Medical Education Committee

Meredith Sorensen, called the meeting to order at 4:02 pm.

Approval of Meeting Minutes

Meredith Sorensen, MD

Approval of October 2023 meeting minutes.

Barbara Homeier made a motion to approve the October 2023 MEC meeting minutes. The motion was seconded by Mairead Pfaff. The motion passed by a unanimous vote.

Announcements

Meredith Sorensen, MD

1. **December Meeting** date change to 2nd Wednesday of month. The new date is **December 13th** on zoom.
2. **New M4 MEC Rep** – Amal Cheema
3. **Full Curricular Review Planning Update** – We need to explain to the LCME our process for evaluation of sufficiency and placement of curriculum content. Currently, there is a small working group (Amanda Albright, Stephanie Kerns & Justine Cameron) that has been meeting to develop a process and will bring a proposal to the MEC.
4. **LCC Update** –
    a. Data was collected to respond to the LCC charge – "advise on ongoing quality improvement efforts…future iterations of the curriculum…consider the potential addition consolidation or elimination of specific LCs."
    b. Highlights from Collected Survey Data
        i. Reduce the number of LCs to make the system more manageable for students, faculty, and staff.
        ii. Adopt a tiered approach with fewer primary LCs.
        iii. Improve coordination & communication between LC Leaders and Course Leaders regarding material to be covered and assessment questions.
        iv. Improve integration by having an outline of LC curricular goals or subject areas for clerkships to develop content in collaboration with LC leaders.
    c. Further LCC Activities
        i. Collected data indicates significant variation in LCs including: contact hours, horizontal and vertical integration, curricular relevance and necessity for success as a physician.
        ii. Data will be used to offer recommendations to MEC regarding the future directions of the current 18 LCs (including new categories or elimination of LCs).
5. **Elective Registration Improvement Project**
    a. Why are elective registration improvements needed:
        i. Difficult for students to secure electives quickly & efficiently, especially in Phase 2 & 3
        ii. Long waitlists
        iii. Course pages on OASIS not up-to-date
        iv. Course catalog overcrowded with obsolete courses

b. How were these problems identify:
    i. Informal feedback (students, ADCE, Phase 3 Director, Registrar, Course Coordinators & Directors)
    ii. Graduate Questionnaire (GQ) results
    iii. LCME feedback – student focus groups
    iv. Office of Student Affairs qualitative results
c. Improvement Process
    i. Elective Improvement Registration Improvement Group – has met every 3-4 weeks since July 2023 and has reached out to experts on OASIS & other medical schools
    ii. Data gathering & analysis –
        1. Analyzed waitlist data – waitlist requests for students range from 1 to 137, mean being 26, top quartile of class 35 ≥ waitlist spots
        2. Process mapping to optimize high value areas for training coordinators in OASIS (how to prioritize students on first come first serve basis along with troubleshooting common error messages)
    iii. Key Improvements for AY '24-25
        1. Improved communication between coordinators, students & Registrar. Newly hired Jasper Joyce to focus on elective process, targeted coordinator training, templated add/drop emails.
        2. Reduce waitlist length – encouraging auto-enrollment via OASIS, centralized and regularly monitored waitlist by Registrar, waitlist for each student is set to < 35.
        3. Course Catalog Improvement –
            a. right-sizing - elimination of courses that have zero enrollment ≥ 3 years.
            b. Updating individual course information and including a realistic functional waitlist.
    iv. Ongoing CQI
        1. Repeat data analysis for AY 2023-2024
        2. Review of upcoming year's GQ data
        3. Ongoing communication with SMEC & Student Government
        4. Plan for more robust outreach to other medical schools

Student Issues & Feedback

None

Consent Agenda

No Items

Subcommittee Updates

1. **Phase 3 Co-Chair** – Dr. Campbell Levy
    - The Phase 3 Subcommittee voted to nominate Kenton Powell as the new faculty co-chair.

The MEC members motioned to endorse Kenton Powell as the Phase 3 Subcommittee Co-Chair. The motion was passed.

2. **Phase 3 Mission Statement & Objectives** – Dr. Campbell Levy
    - Phase 3 Mission Statement: the primary goals of Phase 3 are to facilitate the following:
        1. Application and integration of foundational knowledge, medical knowledge and clinical skills developed in Phases 1&2, through clinical experiences in intensive and dynamic settings.
        2. Provide care with increasing autonomy and responsibility that approximates that of an early intern.
        3. Refinement of professional identity through in-depth study and experiential learning within chosen field of interest (specialty/subspecialty).
        4. Individualized professional development in clinical areas and non-clinical areas, such as scholarship, research, and socially-responsive service-oriented learning.
    - Phase 3 Objectives: By the end of Phase 3, students will be ready to –
        1. Assume intern level of patient care, responsibility, and autonomy in a variety of inpatient and outpatient clinical settings.
        2. Deliver patient-centered care with cultural humility.
        3. Recognize and acknowledge clinically complex disease that requires a level of care beyond that which can be provided by an intern alone.
        4. Collaborate and communicate effectively and empathetically with patients, families, and the interprofessional and interdisciplinary health care team.
    - The MEC will vote on the Phase 3 mission statement & objectives during the December meeting.

New Business

1. **Medical Science Integrations Course Review** – Dr. Virginia Lyons
    - Dr. Lyons reviewed the course strengths, recommendations and course leader action plan.
    - A special thank you to the faculty that takes weeks off to teach the MSI course.
    - Course strengths –
        - Students appreciated exposure to cases that are "unknowns" that allowed them to develop critical thinking skills and practice creating a differential.
        - Facilitators were praised and highly rated for enhancing the learning experience, offering useful feedback and supporting students.
        - Students benefited from cases that included content relevant to upcoming clerkships and Step 1. Pearls at the end of each case and practice MCQ enhanced preparation for Step 1.
    - Recommendations –
        - Review course objectives to assess potential for consolidation.
        - Remove the physical exam portion of sessions with SP's due to time constraints; students on our committee didn't feel that this would lessen the learning experience.
        - Continue to brainstorm about scheduling, with the goal of having a consistent time for PBL for each group. We recognize that this is difficult to achieve due to constraints in clinical faculty schedules.
    - Course Leader Action Plan
        - Review and consolidate the course objectives.
        - Will remove standardized patient physical examination content from upcoming cases.
        - Will continue to dialogue with stakeholders regarding optimal scheduling to try and meet needs of all parties while maintaining robust pool of faculty facilitators.

Alison Marshall made a motion to accept the course leader action plan as presented. Seconded by Maureen Boardman. The motion was passed.

2. **Phase 2 Review** – Dr. John Dick, Dr. Paul Weissburg & Dr. Leah Matthew
   - Dr. Dick reviewed the Phase level objectives and outcomes & subcommittee recommendations-
     - **Primary Goals of Phase 2:**
       - Facilitate integration and expansion of foundational science and pre-clerkship clinical training to further develop the breadth of core clinical knowledge and skills necessary to assume increasing responsibility and autonomy required in Phase 3.
       - Facilitate students' exposure to a variety of fields to help them further consider their future careers and gain an appreciation of the interdisciplinary involvement necessary to provide optimal patient care.
     - **Primary Outcomes of Phase 2**:
       - Students will demonstrate readiness to assume a higher level of patient care responsibility as deemed appropriate for sub-internships.
       - Students will demonstrate content mastery by passing the USMLE Step 2 exam following a focused study period.
       - Students will have honed their career choices to be ready to apply for residency during Phase 3.
       - Students will demonstrate the ability to participate effectively with interprofessional and interdisciplinary teams.
     - **Recommendations**
       - Recommendation 1: Address the potential gaps in Phase 2 curriculum identified by the MPO Gap Analysis starting with a discussion with clerkship directors.
       - Recommendation 2: Develop a standardized process by which to evaluate the perceived adequacy of exposure to a variety of fields during Phase 2 as it pertains to career decision-making.
       - Recommendation 3: Incorporate vertical integration of relevant threads including foundational science more effectively throughout phase 2.
       - Recommendation 4: Work towards modifying our grading and clinical evaluation system to address student/faculty/staff concerns about validity, reliability, and consistency of our current system, in order to optimize learning and to set students up for success as they continue to move through the training process and beyond.
       - Recommendation 5: Develop a more comprehensive analysis to determine where the MPOs are taught throughout the entire three-phase curriculum and how they are assessed.
   - **Discussion**
     - Recommendation 4
       - The subcommittee discussion focused on grading in the 6 core clerkships, there was minimal discussion around grading in electives.

        - Nationwide trend – increase in clerkship grade appeals. How do we create a system to better support students, faculty, residents? If changes are made, there needs to be faculty development focusing on narratives.
        - Need to work with GAOC and take time
    - Lengths of clerkships
        - Not planning on changing lengths – OB, Family Medicine, & Psych have 6-week long clerkships and Surgery, Inpatient Med & Peds are 8-week long clerkships.
        - Large variety in clerkship lengths with other medical schools.
    - Clerkship grading across sites
        - Monitored by the annual site comparability report with a focus on:
            - Making sure the distribution of grades whether student has gone to CSPC, VA or DH are comparable.
            - Student experience comparable based on student feedback
        - These reports are presented to clerkship teams, the clerkship comes up with an action plan that is check in on by ADCE.

Marc Hofley made a motion to accept the Phase 2 objectives & outcomes as presented. Seconded by Maureen Boardman. The motion was passed.

Alison Marshall made a motion to accept the Phase 2 Subcommittee Recommendations. Seconded by Vin Pellegrini. The motion was passed.

3. **Critical Care Objectives** – Dr. Aaron Tannenbaum

Request for MEC approval:

1. Required, 2-week Critical Care Selective for AY24-25
2. Three new, overarching course objectives for CC Selective

Background:

- Currently, there are critical care experiences, but no required critical care coursework.
- Working on larger 4-week acute care medicine selective which would include 2 weeks of critical care and 2 weeks of emergency care.
- First selective at Geisel – there is some nuance to
    - Figuring out how to design a selective experience which includes multiple courses falling under one umbrella selective which includes experiences across different ICUs which include both adult and pediatric medicine.
    - Designing objectives that encompass a broad breadth of experiences.

Rationale for required Critical Care (CC) Selective for AY24-25

- Quintessential learning environment for advanced learners – low patient/learner ratio, interprofessional collaboration, observe/respond to physiology with rapid reassessment of interventions in real-time, deeply challenge clinical and humanistic skills with close supervision to foster growth.
- PGY 1 Geisel Graduates: Deficiency of acute care experience leading to lack of preparedness.

- Regulatory and Residency expectation - knowledge and skills to identify, triage, and stabilize patients with urgent and emergent medical needs.
  - LCME Standard 7.2: **ensure that the medical curriculum includes content and clinical experiences** related to… preventative, **acute**, chronic, rehabilitative, and **end-of-life care**.
  - AAMC Entrustable Professional Activities (EPAs) – EPA 10**: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.**
  - Concordant with Geisel's Medical Program Objectives
- Most residency programs include experience caring for critically ill patients.

Overview of CC Selective for AY24-25

- Required 2-week experience
  - Credit given for any CC sub-internship (DH SICU, DH PICU, DH NICU, CPMC NICU)
- Sites
  - DHMC: MICU, SICU, **CV-ICU**, **PICU**, **NICU**
- Extant Learning Activities
  - Clinical experience with critically ill patients and families
  - Real-time interprofessional education and collaboration
  - Formal and informal didactics (by unit)
  - Procedural exposure/experience
- What's new
  - Overarching Course Objectives to complement unique strengths of each unit and provide consistency.
  - Required High-yield, Asynchronous Learning Modules to support clinical learning and address core knowledge and skills.

Course Objective Background – in coming up with these objectives –

- Review of Geisel Medical Program Objectives and AAMC Core Entrustable Professional Activities
- Examination of current CC course objectives (Elective + Sub-I)
- Discussion with current and future DH CC course directors and experienced CC educators re: capacity, collaboration, feasibility, and innovation
- Review of objectives/curricula from published sources or personal contact with other institutions
- Publications re: residency program director expectations of PGY1s and recommended experiences for senior medical students

CC Selective Course Objectives

- **Objectives 1-3 –** Extant courses have established objectives and assessments to address, acknowledge that individual courses might use different working, these are common among the diverse ICU experiences but everyone should come out of these courses with these types of skills.
- **Objectives 4-6 –** Request approval to introduce across all critical care electives, these are newly developed. MEC will vote on these objectives.

1. Describe the initial evaluation and stabilization of critically ill patients and demonstrate effective presentation skills utilizing a comprehensive systems-based approach.

2. Collaborate effectively with an interprofessional team to provide optimal care for critically ill patients and recognize the unique skills and strengths of each team member.
3. Incorporate patient and family values and perspectives into the care of acute and chronically ill patients.
4. Differentiate how common modalities of respiratory support are applied at the bedside in critically ill patients with respiratory compromise or failure (CC6, MS2, MS5, CC10).
5. Compare and contrast the use of intravenous fluids and the physiology, selection, and administration of common vasoactive medications used to support patients with hypotension and/or shock (MS2, MS5).
6. Explain the indications and applications of current technologies used for common bedside diagnoses and procedures to promote patient safety in the critical care setting (CC4, CC10).

CC Selective Novel Course Objectives (4-6, above) Why these?

- Important topics endorsed by Geisel Medical Program Objectives, AAMC Core EPAs, and Clinician Educators that are difficult to learn and gain experience with in other clinical learning environments.
- Likely to be encountered during CC elective regardless of site to allow for experiential learning
- Can and will be supported by asynchronous learning modules and assessments (so students can have experience no matter with ICU or time of year they rotate, example, PICU & RSV)
- Well suited for simulation and otherwise hands-on interactive instructional modalities *(expanded curriculum in development for '25-'26)*

Asynchronous Learning Modules

- Basics of invasive and non-invasive respiratory support
- Management of the Hypotensive Patient – fluid resuscitation and vasoactive medications
- Evaluation and management of acute hemorrhage/hemorrhagic shock
- Ultra-sound guided vascular access

Looking Ahead to AY25-26

- Expanded and Coordinated learning objectives across 4-week Acute Care Medicine Selective (EM/CC)
  - Improved clarity and specificity to promote transparency for learners, performance evaluability, and iterative course improvements
  - Further development/incorporation of asynchronous topic-based learning modules to support education and knowledge assessment
- Introduction of Simulations and Skills Sessions
  - Innovative learning activities for high-stakes decision making and real-time feedback in a safe environment
  - Enhanced interprofessional education
  - Case-based, interactive problem-solving using task trainers and/or simulators
  - Hands-on Ultrasound education and experience

Proposed Timeline:

- Oct 2023 – Revised Acute Care Course development proposal brought to MEC
- Nov 2023- Critical Care selective details including overarching objectives, curriculum, assessments presented & voted on by MEC
- Jan 2024 – Lottery for 2 week Critical Care "selective"

- April 2024 – 2 week Critical Care "selective" begins
- June 2024 – MEC presentation on Acute Care Medicine Course Details
- July 2024 – MEC Vote on Acute Care Medicine Objectives
- Nov 2024 – Budget submission for AY 25-26
- Jan 2025 – Lottery for placement into required Acute Care Medicine course
- April 2025 – First cohort of students to start the combined Acute Care Medicine course in its fully integrated format

Discussion:

- Course Objective 5 - Vasoactive medication – expansive meaning of that term, is there is a more inclusive term. Maybe change to common cardiac and vasoactive. It was noted in the chat that "vasoactive medications" is commonly used in Phase 1 to connote pressors, inotropes and other similar medications.
- Course Objective 3 – add family members being included in decision making. We will work to standardize the language as a next step.
- Functioning as an elective bridging to the selective next year where students will have a 1 month selective that encompasses emergency medicine and ICU medicine and at that time the MEC would reify a set of objectives that would include the 6 objectives (see above) along with other objectives that are critical to acute care. Right now, MEC is voting on utilizing existing elective structure, which already includes objectives 1, 2, & 3 along with adding 3 additional objectives to that structure so that the electives can function as a bridge to the selective. This is building towards a unified course.
- Assessments for objectives 1-3 mainly based on performance evaluation, preceptors observing those skills. They do have evaluation points speaking to those objectives.

Alan Hartford made a motion to accept the Critical Care objectives. Seconded by Leah Matthew. The motion was passed.

Ongoing/Future Business

- Policy working group
- MEC Bylaws/Charge working group
- Dual Degree Discussion

Future Meetings

- December 13th 2023
- January 17th 2024