

Meeting Date: December 13, 2023
Time: 4:00 – 6:00 p.m.
Meeting Location: Zoom
Approval: January 17, 2024
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)	0	Castellano, Juliana (Clinical -)	X	Chamberlin, Mary (Clinical - Medicine)	X
Guthiknoda, Kiran (Department of Anesthesiology)	X	Hartford, Alan (Clinical-Medicine)	0	Hofley, Marc (Clinical – Pediatrics)	X	Homeier, Barbara (Preclinical- Pediatrics)	X
Lee, Michael (Department of Medical Education)	X	Matthew, Leah (Clinical-Family Medicine)	X	Marshall, Alison (Clinical – Emergency)	0	Sorensen, Meredith, Chair (Clinical-Surgery)	X
Pellegrini, Vin (Department of Orthopaedics)	0	Thesen, Thomas (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
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Year 2

Hernandez, Eli	X	Li, Kevin	0	Pfaff, Mairead	X	Plona, Kelsey	X
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Year 3

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

Carhart, Briggs	X	Cheema, Amal	X	Fitzsimmons, Emma	0	Thomson, Chris	0
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MD/PhD

Emiliani, Francisco	0	Zipkin, Ronnie	0	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)	0	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)	0	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, Assessment & Evaluation)		Vacant (Associate Dean, Biomedical Science Integration Chair, Geisel Academy of Master Educators)		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, 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)

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Vice Chairs for Academics – Student Government

Cheema, Amal	X	Gil Diaz, Macri	X				
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Former MEC Student Members – Student Government

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Guest(s)

Alayna Sharp		Sarah Crockett, MD					
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Call to Order

Meredith Sorensen, MD Chair – Medical Education Committee

Meredith Sorensen, called the meeting to order at 4:03 pm.

Announcements

Meredith Sorensen, MD

1. Respiratory Medicine Course Pass/Fail Cut off Score Update – The Resp Med course leader has requested, and been approved, to make a change to the standard cut scores outlined in the grading policy. The course will proceed with the standard cut score of 65% for the final exam and 65% for the overall course.

Approval of Meeting Minutes

Meredith Sorensen, MD

Approval of November 2023 meeting minutes.

Dr. Candice Black made a motion to approve the November 2023 MEC meeting minutes. The motion was seconded by Dr. Leah Matthew. The motion passed by a unanimous vote.

Student Issues & Feedback

- See item – Review of Goals & Current Initiatives (New Business Section)

Consent Agenda

1. **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.

Dr. Mary Chamberlain made a motion to accept the Phase 3 Mission Statement. Seconded by Dr. Marc Hofley. The motion was passed.

- 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.

Dr. Leah Matthew made a motion to accept the Phase 3 Objectives. Seconded by Dr. Mary Chamberlain. The motion was passed.

Subcommittee Updates

1. Sub-Internship Policy Revisions – Dr. Campbell Levy

Background:

- QI purposes -The policy is due for review, was last reviewed in 2019.
- Clarify overall “purpose & expectations of a sub-internship (sub-I)” for course directors and students.
- Revisions need to be approved by MEC with time for adjustments for AY 24-25 which starts April 2024.
- Inpatient (inpt) vs Outpatient Sub-I raised to the MEC in 12/2022 with the Family Medicine (FM) Clerkship. Should there be an inpatient requirement for Sub-Is?
- This policy helps achieve Phase 3 curricular objectives because Sub-Is are the primary opportunity for student to assume increased autonomy and responsibility necessary for intern year.

Inpatient Requirement for Sub-Internships

- A primarily inpatient experience is necessary for students to achieve Phase 3 objective: “Students will assume intern level of patient care, responsibility, and autonomy in a variety of inpatient experiences.”
 - Ward and rounding skills are important parts of all inpt Sub-Is and are key factors in simulating an intern experience.
 - Inpatient services are more likely to offer opportunities for direct patient care
 - At least 25% of US schools require Inpatient Medicine (IM) Sub-I and many require an inpatient Sub-I in “core” disciplines, like IM, Peds, and/or Surg. (Gen Int Med, May 2019).
 - 61% of FM Sub-Is are inpatient and rounding is a skill prioritized by FM program directors (Fam Med 2020;52:523-27).
 - Would we want any Geisel student to graduate without the opportunity to apply clinical skills in an intensive inpatient setting?
- Currently - over 90% of students complete an inpt Sub-I. Only students who choose FM or Psychiatry at select sites *might* do a Sub-I that is not predominantly inpt. Over the last 2 years, 6-8 student per year did completed a Sub-I that was not predominantly inpt.

- Capacity Ramifications
 - Family Medicine
 - Currently 3 Sub-I sites with 4th soon to be on line
 - All sites already have a clinical experience that is >75% inpt
 - Those that do not, can accommodate that shift
 - New site planning on >75% inpatient experience
 - Psychiatry
 - Consult Liaison Sub-I Service
 - If current proposed changes were made last year, only 1 student would have needed accommodations to find a Sub-I.

Proposed Policy Revisions:

1. Sub-Internship experience is intended to give students a more advanced level of direct patient care responsibility... *comparable to* [CHANGE to “approaching”] the level of clinical responsibility assumed by an intern.
2. ...student assumes direct responsibility for management of patient care, reporting directly to *a resident and attending physician* [CHANGE to “an attending or a resident/fellow with close supervision of an attending”]
3. *Failure to complete the registration process prior to starting the rotation will be considered a breach of professionalism and be referred to the CSPC.* [CHANGE to “The registration process must be completed prior to starting the rotation.”]
4. Add the following, “Sub-internships will be predominantly an inpatient clinical experience, whereby at least $\frac{3}{4}$ of the clinical time will be spent on the inpatient wards. Any exceptions should be submitted in writing by a student or Sub-internship Directors to the Associate Dean for Clinical Education.”

Discussion:

- Change to “supervision by” rather than “supervision of” attending (number 2).

New Business

1. Foundations Course Review – Dr. Virginia Lyons

- Dr. Lyons reviewed the course strengths, recommendations and course leader action plan.
- Course strengths –
 - The Safety Net program was highlighted as an exemplary innovation that was very well received by the students and contributed to a strong culture of learning within the course.
 - The course's organization and flow of materials was outstanding. A weekly cohesive structure was delivered through the carefully crafted learning objectives, the prework videos and the utilization of these within active learning sessions such as TBL.
 - Course leader was notably accessible and responsive to student inquiry.
- Recommendations –
 - Explore the way that pharmacology LC content may be better integrated within the course.
 - Continue efforts to help faculty standardize their approach and time management for given sessions. Along those lines, consider exploring options in conjunction with the Assessment office to allow for more timely provision of feedback to faculty.
 - Review the current course objectives to try and consolidate and streamline wherever possible to make the list more manageable.
- Course Leader Action Plan-
 - Pharmacology: Will work with LC leader (and a student focus group) to identify approaches that meet the needs of the LC and the course in a way the students find accessible.
 - Start and End Times: Have already begun working with pre-clinical office on making reminders that highlight the start and end time of each session.
 - Just in time instructor evaluations: Will work with the assessment office to perhaps pilot novel modalities that allow for more rapid feedback from students while they still remember the instructors, while minimizing survey burden and administrative workload.
 - Course objectives: Will continue to check in with LC leaders, especially as LC leadership and/or LC content changes, to determine if and how consolidation of objectives might occur.
- Discussion –
 - Pharmacology LC – working to enhance integration into the Phase 1 curriculum, weaving it in like a story, what order makes the most sense.
 - TBL highly rated – Dr. Myers designs cases at the right level, just challenging enough to promote discussion but not to challenging.
 - In relation to Step 1 – It would be interesting to have the student provide feedback at the end of Phase 1 to see what was retained.

Dr. Mary Chamberlain made a motion to accept the course leader action plan as presented. Seconded by Mairead Pfaff. The motion was passed.

2. Dual Degree Discussion – Dr. Sonia Chimienti

Proposal – expand Dartmouth’s dual degree programs that are linked to MD with the goal of streamlining the process so students can complete 2 degrees at Dartmouth while continuously enrolled (students would not need to take a leave of absence from Geisel to complete a 2nd Dartmouth graduate degree).

Degrees

1. **MD-MEng:** Geisel MD program students have expressed interest in pursuing the MEng degree at Thayer in recent years. Students increasingly see synergy and opportunity between biomedical engineering and medicine, as they look forward in their career development.
2. **MD-MHA:** Geisel has recently engaged in a new collaboration with Tuck to provide a Master of Healthcare Administration (MHA), which may appeal significantly to our students.
3. **MD-MS:** The rapidly changing healthcare environment, with emerging technologies, big data, and digital therapeutics already impacting healthcare delivery, Geisel students have interested a master’s degree in data science through one of Geisel’s three Quantitative Biomedical Sciences degree programs.
4. **MD-MPH:** Geisel’s MPH program provides value for medical students, increasing their competency in public health to increase their impact on the health of populations. This is an outstanding option for students seeking to develop careers that are foundational in public health and health policy.

Discussion

- Students making decision on entering a dual degree program based on whether or not they have to take a LOA.
- When students enter a different degree program, the transcript doesn’t say LOA, residency programs would know that is coming from a different degree.
- Step 1 Timing
 - For MD-PhD, Step 1 is required before transitioning to PhD, but not Step 2. What is the reasoning for requiring Step 1 and 2 for these programs?
 - The reasoning behind this is that the student can take exams at time they learn that info rather than entering into a new program and coming back and having to take an exam.
- International Students
 - Question on student visa issues- With input from our Registrar as well as international students at the meeting, visas will not be impacted by an extended educational experience.
 - Promotes equity – costs of extending educational trajectory for these dual degree options be presented up front so all students would understand the finances needed to complete a dual degree.

Next Steps

- Any questions email Dr. Chimienti and Dr. Sarah Crockett.
- MEC will vote on endorsing the dual degree program expansion during the January meeting.

3. Review of Goals & Current Initiatives – Amal Cheema '24 & Macri Gil-Diaz '25

Leadership Retreat August of '23

Goals:

- Advocate for ethical, evidence-based practices of academic enhancement
- Honor diversity of student experience; elevate marginalized/unheard voices to push for student-oriented policies.
- Increase transparency through strong communication and expansion of the Student Medical Education Council (30+ members!)
- Create a framework for engagement in which student concerns can be bolstered with national data and ethical reasoning.

Key priorities via extensive partnership:

- Efficient, predictable, consolidated preclinical schedule, revised attendance policy, fair clerkship grading, leadership training, integrated dual degrees, pathways of concentration/distinction, LCC review, Step 1 & 2 exam policies.

Summary: Response to Student Feedback

Issue	Group	Solution-Making
Phase & LCC Reviews	LCC, P1CC, P2CC, P3CC	Reviews as presented to MEC with recommendations
Pathways/Scholarly Concentrations	Working Group	Passed policy; now on implementation phase
Step 1 Policy – higher fail rate nationally, P/F implication	Working Group	Identifying how to implement national solutions to Geisel environmental to help reduce failure rates and prepare students well for the exam but also clinical responsibilities
Preclinical attendance policy	P1CC	Passed policy, need to monitor outcomes / collect data – did it help? How did it change the type of classes or experience?
Phase 1 material consolidation	Student-led quality improvement & P1CC	Desire to reduce information overload; standardized national curriculum, role of third-party resources
Clerkship grading	GAOC	Reconsidering P/F vs. “competency-based” grading system Desire to ensure specific, objective, unbiased and consistent within + across clerkships; Geisel-specific databases on how grading / performance affect match outcomes
Integrated Dual Degrees	Strategic Planning / UME Office	Under review - offers opportunities to prepare physicians of tomorrow for complex health care challenges that require interdisciplinary collaboration
Elective Sign-up	Elective Improvement Working Group, Registrar’s Office	Changes were announced in November – improves experience in pursuing electives for career-decision making or application

Student MEC (SMEC)

- Increasing and diversifying student representation to the MEC
- Need to improve communication and collaboration
 - Monthly meetings with SMECs with an iterative focus on improving communication.
 - Increasing student engagement by both elected MEC and selected subcommittee representatives to attend curriculum committees.
 - Desire to improve institutional knowledge and onboarding (as we often rely on wisdom)

Discussion Questions

- Student perspective – 3 big problems facing medical education. MEC can't address these along, but these issues are helpful to keep in mind when reviewing and proposing policies.
 - Increased financial strain on students - Increasing cost of living, rising tuition, student debt, unaccounted, indirect costs (away rotations, unpaid academic research, exam prep, interview costs)
 - A need for an environment of well-being
 - Increased uncertainty and competitiveness of residency applications (career pathways)
- Student Ask – keeping (the above) framing in mind –
 - How do you see the MEC currently or prospectively working on these issues, collaboratively?
 - Are there things that you think are unique to Geisel that we are doing well or could do differently?
 - In what ways can Geisel be a leader in addressing these issues in the short-term or long-term?
- Issue & Initiatives
 - Issue = Competitiveness- distinguishing oneself in context of P/F Step 1 and increasing average Step 2 scores.
 - Example solution/initiative = equitable, fair grading in clerkships, Pathway/Scholar concentrations
 - Issue = Reducing financial price & costs of the Geisel experience
 - Example solution/initiative = Reducing dependence on outside resources or sponsor more, paid clinical work/research, work opportunities for 4th years
 - Issue 3 = Personal & Systemic Well-Being
 - Example solution/initiative = Value/identify formation, protected time, curricula opportunities to create change.
- The MEC discussion focused on
 - Building resiliency while promoting well-being
 - Identify structural stressors
 - Understanding that medical schools are diversifying
 - Being aware of the 3 big problems (financial strain, well-being and increased competitiveness) while making big decisions about curriculum and policies.

Ongoing Business

- Policy working group
- MEC Bylaws/Charge working group
- Phase 3 Review

Future Meetings

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

- January 17th 2024