Meeting Date:	Tuesday, June 18, 2019
Time:	4:00 – 6:00 p.m.
Meeting Location:	DHMC – Auditorium G
Approval:	July 16, 2019
Recorded By:	Glenda H. Shoop & Cori Tebbetts

ATTENDANCE

Faculty Voting Members							
Ahmed, Nayla (Clinical)		Ames, James (Clinical-Orthopedics)	--	Chow, Vinca (Clinical-Anesthesiology)	X	Crockett, Sarah (Clinical-Emergency Medicine)	X
Hanissian, Paul (Pre-Clinical- SBM Reproduction; Clinical-Obstetrics and Gynecology)	X	Hartford, Alan (Pre-Clinical)	--	Homeier, Barbara (Clinical-Pediatrics)	X	Loo, Eric (Pre-Clinical-Pathology)	X
Myers, Larry (Pre-Clinical)	X	Nelson, Bill (Pre-Clinical and Clinical- Health and Values VIG)	X	Robey, R, Brooks (Pre-Clinical)	X	Sachs, Marlene (Community Preceptor Education Board)	--
Saunders, James (Clinical-Surgery)	--	Sorensen, Meredith (Clinical-Surgery)	0	Spaller, Mark (Pre-Clinical)	0	Weinstein, Adam Chair; Pre-Clinical-Renal Phys; Clinical-On Doc and Pediatrics)	X

Student Voting Members Year 1							
Mia Bertalan (Student-1st Yr. Rep)	--	Falen Demsas (Student-1st Yr. Rep)	X	Joe Minichiello (Student-1st Yr. Rep)	X	Michael Sramek (Student-1st Yr. Rep)	X

Student Voting Members Year 2							
Bessen, Sarah (Student-2nd Yr. Rep)	--	Del Favero, Natalie (Student-2nd Yr. Rep)	--	Lindqwister, Alexander (Student-2nd Yr. Rep)	--	Stanko, Kevin (Student-2nd Yr. Rep)	--

Student Voting Members Year 3							
Bachour, Kinan (Student-3rd Yr. Rep)	X	Berkowitz, Julia (Student-3rd Yr. Rep)	--	Bhushan, Vivian (Student-3rd Yr. Rep)	--	Di Cocco, Bianca (Student-3rd Yr. Rep)	X
Kettering, Alexander (Student-3rd Yr. Rep)	--	Warren, Celestine (Student-3rd Yr. Rep)	X				

Student Voting Members Year 4							
D'Agostino, Erin (Student-4th Yr. Rep)	--	Kuczmarski, Thomas (Student-4th Yr. Rep)	--	Merali, Natasha (Student-4th Yr. Rep)	--	Ramos, Joshua (Student-4th Yr. Rep)	--

Student Voting Members MD/PhD							
Chidawanika, Tamutenda (Student-MD/PhD Rep)	--	Emiliani, Francesco (Student-MD/PhD Rep)	--	Rees, Christiaan (Student-MD/PhD Rep)	X	Svoboda, Marek (Student-MD/PhD Rep)	--

Present = X / Absent = -- / Excused = 0

Non-Voting Members

Albright, Amanda (Computing)	X	Brown, Lin (Pre-Clinical-Year II Co-Director)	--	Dick. III, John (Associate Dean, Yrs. III, IV)	X	Duncan, Matthew (Assoc. Dean, Student Affairs)	--
Eastman, Terri (Pre-Clinical Curriculum Director)	--	Eidtson, William (Director, Learning Services)	0	Fountain, Jennifer (Year II Curric. Mng)	0	Guerra, Sylvia (DICE Rep)	X
Hamel, Ashley (DICE Rep)	--	Jaeger, Michele (Registrar)	X	Kerns, Stephanie (Libraries Sciences)	X	Kidder, Tony (Year I Curric. Mng.)	--
Lyons, Virginia (Assistant Dean, Year I)	0	Manning, Harold (Program Manager, SBM)	--	McAllister, Stephen (Computing)	--	Montalbano, Leah (Assessment & Evaluation)	X
Nierenberg, David (Year 2 Associate Dean)	--	Ogrinc, Greg (Senior Associate Dean for Medical Education)	0	Pinto-Powell, Roshini (Assoc. Dean Student Affairs)	X	Reid, Brian (Computing)	X
Ricker, Alison (Clinical Curriculum Director)	X	Shoop, Glenda (Associate Dean for Undergraduate Medical Education Administration)	X	Swenson, Rand (LCME, Chair Dept Med Ed)	--	Chair, Geisel Academy of Master Educators	
(Faculty Development)		(TDI)					

Guest(s)	Guest(s)	Guest(s)	Guest(s)
Yasmin Kamal (Student-MD/PhD Rep)	Gina Fernandez, MD (GAM Clerkship)		

Present = X / Absent = -- / Excused = 0

- **Call to Order** – *Adam Weinstein, MD*

  Adam Weinstein, Chair, called the meeting to order at 4:00 p.m.

- **Announcements** – *Adam Weinstein, MD*

  1. New members
     i. With the change of the academic year, new student members were added. Terms of 4 faculty members expired and new members will be joining next month. Two new members attending today's meeting are Vinca Chow, MD and Barbara Homeier, MD, two others will be joining next month.
  2. Adam congratulated the third-year students for completing their third year.
  3. Tabled Agenda Items
     i. Three agenda items were tabled for the July MEC meeting: (1) preclinical grading policy; (2) Cardiovascular Medicine, Review #2(Final); and, (3) Respiratory Medicine, Review #2(Final).

- **Approval of May 21, 2019 meeting minutes** – *Adam Weinstein, MD*
  1. Discussion
     i. Glenda mentioned an update to the May minutes to clarify the motion for Race and Health Equity longitudinal curriculum objectives was approved with the understanding that objective 5 would be revised.

> *Bill Nelson made a motion to approve the May 21, 2019 MEC meeting minutes. The motion was seconded by Eric Loo. The motion passed by a majority vote with 1 abstention.*

- **Student Issues/Feedback**

  No issues for this meeting.

- **Consent Agenda**

  No items on the consent agenda.

- **Old Business**

    1. Clinical Attendance Policy Proposal – *John Dick, MD*
        i. John gave updates on the clinical attendance policy. A tardiness clause was added to align with the preclinical policy. Framework for absences was changed from approved vs. unapproved to planned vs. unplanned absences. Fourth year students and clerkship directors supported this change in the policy that reflects the framework of policies found after researching other schools. Students will use an online form to request planned time off. These requests will be managed and approved by Alison Ricker. John discussed a proposal for using a "personal day". Two issues related to this were:
            - How much information the student needed to provide in the request, such as "I'm not coming in" no questions asked or specific reason for the day;
            - The Committee didn't want it to feel like a vacation day; it was to only be used for an important personal event or meeting to attend.
        ii. Discussion
            - Celestine commented she liked the confidentiality clause to protect student privacy. She thanked those involved with changing the policy for heading in the right direction with attention to student wellness in the revision of the policy. She asked a question about planned absences, to what degree of detail would need to be included in the form. How would someone who is more forthcoming be perceived against someone who isn't forthcoming with the reason for the absence? The unplanned absence has the privacy clause to be used for a sudden health issue or personal issue; which is consistent with the profession.
                a. There was discussion and some apprehension from some members about expectations for different specialties to find out what's appropriate. The model that each specific profession uses differs from field to field.
                b. Ultimately, it was agreed that unplanned absences would protect privacy. For planned absences it is customary for physicians to share the reason in the request, so this was felt an appropriate model.
            - Paul voiced a question about whether there should be a maximum number of days that can be missed for an entire Phase? Currently if a student missed 2 days from each clerkship, they'd be absent for a total of 12 days. The MEC should consider whether that's an appropriate max or whether some other threshold should be made.
                a. A student chimed in that it is up to the student to determine how they want their education to be, they know the planned absence will impact their evaluation.
                b. Concerns were raised over the ease of one student taking 2 days off versus others taking no time off and would that be fair.

     c.   The Office of Clinical Education tracks absences centrally and it's the substantial minority that take absences in each clerkship. Do we want the 1% that take planned absences in each clerkship to determine the policy? It shows respect for the learner and felt a positive safety net if we create the policy for the majority of students and clinical education office keeps track to be sure no one student seems to be "overusing" the policy. The policy gives the student the ability to have some autonomy, not taking as many days as desired. The number of missed days impacts third year learning and so most students will only plan an absence when it is important.

- Kinan asked if there was a link provided on the registrar's website for unplanned time off. John replied that students would have to let their team know first and foremost then the clerkship director, and then the clinical education office. The concern Kinan voiced is that it felt awkward to not give an answer to their team. Some students feel comfortable, others don't, especially with the stigma against addressing mental health issues. The response was that this will be up to the student on whether they wish to share the reason for an unplanned absence, but it will not be required.
- John reiterated that the link for requesting absences should be located on each clerkship's Canvas page.
- Adam asked for feedback from students about process time turnaround in the clinical education office. Students aware of planned absences should ideally begin submitting requests 30 days prior to the beginning of a clerkship (ex: weddings, conferences, religious holidays, Step 2 CS). This would allow clerkships enough time to plan for the student absences and make-up.
- Adam mentioned the policy would provide built-in accommodation for students for chronic health care needs.
- One change agreed upon was moving funerals as an example of an unplanned absence and religious observations to planned absences.

Larry Myers made a motion to approve the Clinical Attendance Policy with the understanding that the following revisions will be made:

- *Move funerals to unplanned absences.*
- *Move religious observations to planned absences.*

The motion was seconded by Chris Rees. The motion passed by a unanimous vote.

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2.   Preclinical Attendance Policy Proposal – *Virginia Lyons, PhD*

     i.   This policy is being reviewed/updated since last meeting to make sure it remains aligned with the clinical attendance policy. There will now be a form online for requesting time off much like the clinical policy. The wording for absences has also been updated to "planned" versus "unplanned" absences to avoid terminology misunderstandings. The remaining difference is that in Phase 1, students only need to provide 15 days lead time versus 30 days lead time in the clinical phases. There is no cap on unplanned absences, but there is a cap on 6 planned days off.

     ii.   Discussion

- Required classes will be at least 60% of the time for the Phase 1 curriculum (whereas it's 100% of time for Phase 2 and 3).
- Time off wouldn't need to be requested for non-required classes.
- John brought up concurrent language on religious observations and another brought up the unplanned nature of funerals again to match. Calling them

religious observances than religious holidays is better language; the same goes for changing mental health to personal illness/mental health. The confidentially clause under unplanned absences will be added as well.

Brooks Robey made a motion to approve the Preclinical Attendance Policy with the understanding that the following revisions will be made:

- *Move funerals to unplanned absences.*
- *Change religious holidays to religious observances and add to planned absences.*
- *Change mental health to personal illness/mental health.*
- *Add tardiness paragraph that is in the Clinical Attendance Policy tailored to preclinical.*

Tardiness
- *There is an expectation that students will arrive at all scheduled activities including orientation, dedicated small group teaching sessions, end of clerkship sessions and clinical duties on time.*
- *If a pattern of tardiness becomes evident the student will be required to meet with the Associate Dean for Clinical Education and to develop a plan to remedy the tardiness with an assigned coach.*
- *Subsequently, if the behavior persists, the student will be required to meet with the Senior Associate Dean for Medical Education and be referred to the Committee on Student Performance and Conduct (CSPC).*

- *Add a privacy clause for unplanned absences tailored to preclinical.*

Unplanned Absences
The medical school recognizes that there will be times when an unforeseen situation will preclude a medical student from attending scheduled clinical or non-clinical activities. Examples of such situations include but are not limited to family emergencies, funerals, unanticipated personal health/mental health issues.
- *In the case of unplanned absences, students should notify their teams, clerkship site director and clerkship director as well as the Office of Clinical Education as soon as possible.*
- *The school respects that health issues are private and confidential and therefore students will not be expected to divulge the nature of their health/mental health reasons for missing a day.*
- *If more than two days of unplanned absences are needed, the student should contact the Associate Dean for Clinical Education to discuss plans.*

The motion was seconded by Mike Sramek. The motion passed by a unanimous vote.

Action Step: Ensure the review cycle for all MEC-approved policies is scheduled for a 1-year review cycle.

3. Longitudinal Curricula Updates: Rehabilitation Medicine and Urgent Public Health Topics – *Adam Weinstein, MD*
    i. Continuing an agenda item from last meeting, Adam had a discussion with course leaders to see if rehabilitation needed to be a longitudinal curriculum or if the curriculum could be "housed" in Block 6 (with Neuro, Rheum/Ortho, and Psychiatry). This was felt appropriate by all course leaders, that it could be housed in Block 6 and did not need to be a longitudinal curriculum.
    ii. Greg Ogrinc, the longitudinal curriculum leader for Urgent Public Health Topics, wanted to propose moving Urgent Public Health Topics from the longitudinal curriculum to be incorporated into the Health Care Delivery Science longitudinal curriculum as he felt it didn't belong as a longitudinal curriculum topic.

> *Brooks Robey made a motion to remove the Rehabilitation Medicine and Urgent Public Health Topics from the list of Longitudinal Curriculum and instead integrate them applicably in related courses/curriculum. The motion was seconded by Eric Loo and Larry Myers. The motion passed by a unanimous vote.*

4. New Course and Curriculum Block Dates – *Adam Weinstein, MD*
   i. Adam proposed confirming using block start/end dates rather than course start/end dates in the 3-course blocks (Block 4 and Block 6). These would have all courses start and end with the block, facilitating administrative handling of the courses (even though in Block 4 and 6 Endo and Repro; and Rheum/Ortho and Psych would not necessarily implement content throughout the entirety of the block). Using block start/end dates will better represent the degree of integration expected among the courses in a block.

> *Chris Rees made a motion to approve using block start/end dates rather than course start/end dates in the 3-course blocks (Block 4 and Block 6) so that all courses start and end within the block. The motion was seconded by Bill Nelson. The motion passed by a unanimous vote.*

5. Preclinical Contact/Learning Hours Policy – *Larry Myers, PhD*
   i. Larry Myers proposed discussing the Preclinical Contact/Learning Hours Policy
      - When we last discussed and approved the current policy, A class hour consisted of 55 minutes followed by a 10-minute break.
      - Since that time, a class hour has been redefined as a 50-minute class, with a 10-minute break.   This change was made to be consistent with practice of other schools and insights related to the LCME's interpretations.
   ii. Having 5 fewer minutes class time per "hour" would impact the class hours per week, so Larry proposed an increase in the hours per week from the current policy of 24 hours per week to 25 or 26 hours per week maximum.
   iii. Discussion
      - The reasoning behind the time change was that most medical schools use 24-hour weeks and use 50-minute class times with 10-minute breaks between classes. Additionally, first and second year schedules were different which confused faculty and the recording would stop and/or the faculty would continue to go over their allotted time. That issue was raised when the change was discussed, but the decisions on these are procedural, not up to the MEC.
      - On the other hand, if we institute this, it means there will truly be only 20 contact hours/week, not 24 contact hours since for 10-minutes each hour will be out of class.
      - Some sessions are "2 hour" sessions and the timing for these can be used flexibly and can be managed according to the course leader or instructor's wishes as long as time is respected.
      - As a bit of context, the previous version of this policy was that class time should average 25 hours/week with no more than 28 hours any given week. So even if we adapted the change Larry proposed, it would still be less class time per week than we previously utilized.
      - The idea behind the curriculum change was to consist of more active learning which is why the contact hours originally decreased to 24 hours to give more student preparation time outside of class. 60 hours is the overall requirement for contact hours and preparation time. This proposed policy change would still remain within the given 60 hours.
      - Adding an hour wouldn't impact preparation or curricular or co-curricular activities. A student asked that assessment weeks not include the 26 hours; a

plan already exists in the Office of Medical Education that no new content can be introduced for the 2 days preceding an exam.

- Proposed addendums
    a. Chris proposed amending it to a maximum of 26 hours with the caveat that the policy can be revised after a year with an average of 24 hours across the week. With an hour defined as 50-minute class time and 10-minute transition time.
    b. Brooks proposed a maximum of 26 weeks with an aspiration of 24 hours.
    c. Joe proposed afternoons be prioritized for non-required sessions; the required classes would be likely moved to the morning.
- The topic was tabled for additional discussion and a formal proposal/update to be put forth for the July 2019 MEC Meeting.

> *Chris Rees made a motion to approve the proposed change to the Preclinical Contact Hour Policy, amending the maximum number of contact hours to 26 hours per week with an average of 24 hours per week weeks across the year. With one hour defined as 50-minute class time and 10-minute transition time. The motion did not move forward, and the topic was tabled for further discussion at the July 2019 Meeting.*

Action Step: Larry Myers and Chris Rees volunteered to write a proposal that will be brought forward to the Committee at the July meeting.

6. Preclinical Grading Policy – *Leah Montalbano, MPA; Virginia Lyons, PhD*
    i. This agenda item was tabled to the July 2019 MEC meeting.

- **New Business**

1. Phase 1: Longitudinal Curriculum
    i. Evidence-based Medicine and Informatics – *Stephanie Kerns, MLS*
        - Stephanie introduced the Evidence-Based Medicine and Informatics curriculum and some ideas she has about the curriculum. She consulted the AAMC and ACGME to form the 5 objectives.
        - The current focus is on evidence-based medicine and HIPPA since we already assess these; the proposal will streamline these and combine them into one curriculum. Specific informatics objectives are planned for the future.
        - The curriculum also involves how to use Epic electronic health record and to bring EHR into the preclinical curriculum.
        - One of the questions that arose was the definition of informatics: It's very interdisciplinary with informatics and public health about how to use data to improve care; how informatics can be used to access scientific medicine information online.
        - Discussion
            a. Brooks brought up the difference between the concepts and the platforms used at DHMC versus the VA. Stephanie replied that she'd like to mainly focus on the decision making rather than the platforms.
            b. Brooks asked how this curriculum would interface with the genetics curriculum.
            c. Stephanie explained she is still meeting with course leaders to incorporate certain aspects of the curriculum within courses.

Bill Nelson made a motion to approve the Evidence Based Medicine and Informatics longitudinal curriculum objectives with the following change:

- *Remove Ask, Acquire, Apply, Appraise, Act currently listed before each objective.*
- *Change objective #2*
    a. *Current: Acquire – Use information technology to access accurate and reliable medical information.*
    b. *Change: Access accurate and reliable medical information using information technology.*

The motion was seconded by Joe Minichiello. The motion passed by a majority vote with 3 abstentions.

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      ii.   Health Care Delivery Science – *Greg Ogrinc, MD*
- This agenda item was tabled to the July 2019 MEC meeting.

      iii.   Genetics – *Mary-Beth Dinulos, MD; Larry Myers, PhD*
- This agenda item was tabled to the July 2019 MEC meeting.

2. GAM Clerkship Review – *John Dick, MD; Roshini Pinto-Powell, MD; Gina Fernandez, MD*
    i. John introduced the highly-rated Geriatric and Ambulatory Medicine (GAM) clerkship that is a Year 4 requirement and summarized the review. The largest change is in the concept of GAM; the clerkship is more of an ambulatory medicine experience with highlights of geriatrics. It has been run in the past as an advanced ambulatory medicine clerkship since it's a fourth-year clerkship. Treating it like an advanced ambulatory clerkship will be a high value concept, which is where the clerkship has been moving toward. The title of the clerkship is misleading since it begins with geriatrics even though it is an ambulatory medicine clerkship. Didactics are still focused on geriatric concepts but otherwise the focus is on ambulatory care. The proposal is to change the name from Geriatrics and Ambulatory Medicine (GAM) to Advanced Ambulatory Medicine (AAM) clerkship. Treating the clerkship like AAM allows students to also have opportunity for individualized ambulatory experiences (e.g. surgical clinics for surgery bound students; pediatric clinics for pediatric-bound students.
    ii. Dr. Pinto-Powell summarized the improvements for the next year.
        - Objectives: No modifications
        - Essential Skills and Conditions:
            a. Update recommended changes from last review
            b. Remove the following: IBS (we already have diarrhea and constipation); hyperlipidemia (already covered in Family Medicine [FM]); skin lesion/rash (already covered in FM and Peds); obesity (already covered in FM); joint pain (already covered in FM); UTI (covered in FM); and GERD (covered in FM)
        - Learning Opportunities:
            a. Modify (1) librarian session to focus more on appraisal (feedback given to Pamela Bagley and focus already modified with good feedback from students); (2) Discharge checklist summary assignment/session to allow students to apply skills learned from session one.
        - Continue to explore subspecialty exposure based on student field of interest.
    iii. Discussion
        - The more specialty-specific experience the students can get, the more prepared they'll feel in the next step. The name change won't change the objectives of the clerkship but focus more on ambulatory care than geriatrics.

> *Mike Sramek made a motion to approve the Geriatric and Ambulatory Medicine Clerkship review and the proposed name change from Geriatrics and Ambulatory Medicine (GAM) Clerkship to Advanced Ambulatory Medicine (AAM) Clerkship. The motion was seconded by Paul Hanissian. The motion passed by a unanimous vote.*

   3. Cardiovascular Medicine (Review #2 – Final) – *Anthony Gemignani, MD; Terrence Welch, MD; John Butterly, MD*
        i. This agenda item was tabled to the July 2019 MEC meeting.

   4. Respiratory Medicine (Review #2 – Final) – *Hal Manning, MD*
        i. This agenda item was tabled to the July 2019 MEC meeting.

- **Adjournment –** *Adam Weinstein, MD, MEC Chair*

   Dr. Adam Weinstein, Chair, adjourned the meeting at 6:01 p.m.

- **Ongoing Business**
   - Evaluation Oversight Committee
   - LCME Oversight Committee
   - Enrichment Electives

- **Future Meetings**

   *** Please note these meetings are on the 3rd Tuesday of each month, 4:00 - 6:00 p.m.
   - July 16, 2019
   - August 20, 2019
   - September 17, 2019
   - October 15, 2019
   - November 19, 2019
   - December 17, 2019