



## DARTMOUTH MEDICAL SCHOOL

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## MEDICAL EDUCATION COMMITTEE NEWSLETTER

### SUMMARY OF ACTIVITIES FOR ACADEMIC YEAR 2006 - 2007

#### DATES OF MEDICAL EDUCATION COMMITTEE MEETINGS

<b>Sept.</b> <b>12</b>	<b>Oct.</b> <b>10</b>	<b>Nov.</b> <b>14</b>	<b>Dec.</b> <b>12</b>	<b>Jan.</b> <b>16</b>	<b>Feb.</b> <b>13</b>	<b>Mar.</b> <b>13</b>	<b>Apr.</b> <b>17</b>	<b>May</b> <b>8</b>	<b>June</b> <b>12</b>
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#### Introduction

The Medical Education Committee successfully addressed a variety of complicated and challenging issues during the 2006-2007 academic year and continued to work together to gradually, continuously, and incrementally improve the quality of education in undergraduate medical education at DMS. We met ten times between September '06 and June '07, and discussed a wide variety of topics. Most critically, as mandated by the LCME, we reviewed clerkships in a systematic manner and discussed options for improvement.

As Chair of the Committee, I would personally like to thank all of the members of the Medical Education Committee who have worked so hard this year. A special thanks to Petra Lewis, Barbara Conradt, and Leslie Fall who are completing their terms, and to Pedro Teixeira and Jamie Bessich who have served as student representatives and recently graduated. These departures will leave a void that will be difficult to fill, but our goal is to ensure that new voices and new ideas are added to the group each year.

The challenges facing the Committee and the solutions implemented (some ongoing) are delineated below, as are the final measurable outcomes where appropriate. Copies of the minutes of the Committee meetings, as well as an abridged report for each reviewed course, are available from the Office on Medical Education (contact Joyce Wagner at 650-6530).

## Modification of Year 3 Architecture

(September '06, October '06, November '06, December '06, April '07)

### Challenges:

- ◆ The current structure of Year 3 lacks the flexibility for some students who might like to take a clinical elective during Spring of Year 3.

### Strategies:

- ◆ To implement a new structure (with a commencement of July 2007) that would provide the following:
  - ◆ Seven 7-week blocks of time per academic year;
  - ◆ ICE course that would be divided into three blocks – one at the beginning, one in the middle, and one at the end of the year;
  - ◆ A block of time that could be used by the students for clinical electives, surgery subspecialties, vacations, study time for boards, family leaves, etc.;
  - ◆ Accommodation for more students;
  - ◆ A lottery that will fairly distribute clerkships and electives
- ◆ Some issues discussed included:
  - ◆ The difficulty of accommodating the additional 1/2 week of Surgery clerkship required in California for licensure;
  - ◆ The challenge of acquiring funds and educators for the extra rotations;
  - ◆ The difficulty of students in the Pediatrics and Family Medicine clerkships (some at distant sites) to complete the 7 week block.

## Modification of Year 3 Architecture (Cont'd)

### Measurable Outcomes:

- ◆ Based on additional input from clerkship directors, the 7x7 Restructuring Plan was rejected. The following reasons were cited:
  - ◆ Several of the clerkships discovered after studying the issue, that they would not be able to cycle seven times in terms of providing teaching for their core curriculum (didactics);
  - ◆ The structure would not allow enough time to accommodate the extended Surgery clerkship;
  - ◆ The expected influx of students dropped to a level manageable with the current system;
  - ◆ The 7X7 structure would be difficult for students in far away clerkships to return at the end over a convenient weekend.
  - ◆ The compression would negatively affect the quality of clerkships with multiple rotations (e.g., Peds, Ob-Gyn);
  - ◆ Although an optimum system would provide electives in Year 3 (and consequently give advantage to students who would like to match early), now only three specialties have early matches and the system would create capacity issues;
  - ◆ The Office of Medical Education is currently searching for additional clerkship sites that would, among other things, prevent further capacity issues and provide for more elective opportunities.
  - ◆ Upon further concern iterated by the students, the issue was revisited with the following result: a task force will be formed to consider other opportunities for optimization of elective opportunities for Year 3 students.

## REVIEWS OF COURSES AND CLERKSHIPS

(September '06, October '06, November '06, December '06, January '07, February '07, March '07, May '07, June '07)

### Challenge:

- ◆ The LCME has mandated that all courses and clerkships be reviewed by the MEC in a systematic rotation.

### Strategies:

- ◆ To assign at least one course/clerkship to be reviewed per meeting.
- ◆ To invite the course/clerkship director(s) to attend the meeting at which his/her charge will be reviewed and discussed.
- ◆ To open the floor to discussion by the membership and course/clerkship director(s).

### Measurable Outcomes:

- ◆ The following courses/clerkships were reviewed by the MEC in the 2006-2007 AY:
  - ◆ Year 2 Infectious Diseases
  - ◆ Year 2 FEK
  - ◆ Year 3 Surgery
  - ◆ Year 3/4 Neurology
  - ◆ Year 3 Ob/Gyn/WH
  - ◆ Year 3 Psychiatry
  - ◆ Year 3 Pediatrics
  - ◆ Year 3 Family Medicine
  - ◆ Year 3 Geriatrics and Ambulatory Medicine
  - ◆ Year 3 Inpatient Medicine

(Individual reviews are available upon request from the Office of Medical Education)

## ADDING AUDIO TO POWER- POINT PRESEN- TATIONS

(October '06)

### Challenge:

- ◆ To explore resources for providing more comprehensive information included on PowerPoint lectures for distribution after the lecture.

### Strategies:

- ◆ To research methods of embedding audio into the presentations using existing PowerPoint capabilities and equipment.
- ◆ The positive issues involved in this strategy include:
  - ◆ It would be cost effective to not have to invest in additional software and hardware;
  - ◆ Students would be able to access only the information they need from each presentation;
  - ◆ Some success has been achieved among courses already using this method.
  - ◆ Students who have to miss the lecture can use the PPT version at their own pace;
  - ◆ Students attending clerkships at remote locations would be able to access the lectures;
  - ◆ The process of embedding the audio part of the lecture takes no special skills.

## ADDING AUDIO TO POWER- POINT PRESEN- TATIONS (Cont'd)

### Measurable Outcomes:

- ◆ Some anticipated problems with the method include:
  - ◆ Students might be more likely to miss a lecture if it were available in its entirety on Blackboard;
  - ◆ Files tend to be large, so would be slow to download;
  - ◆ Lecturers could not go back to a previous slide without re-recording that part of the lecture.
  - ◆ Dave Nierenberg demonstrated to membership a PowerPoint lecture from a Pharmacology course that he had embedded with the audio portion of his information.
- ◆ To solicit feedback from students regarding the desirability of implementing this technology.
- ◆ The membership decided that, for those lecturers who use PowerPoint presentations, it would be a matter of personal choice whether or not to incorporate the audio portion of their lectures into the video, but that audio files in MP3 format would be routinely produced.

## Health Leader Practicum Course

(Feb. '07, Mar. '07)

### Challenge:

- ◆ To determine the feasibility of adding a new course, Health Leadership Practicum (HeLP) to the Year 2 curriculum. The course would have the following goals and objectives:
  - ◆ Demonstrate leadership skills required of physicians to improve the health and healthcare of patients
  - ◆ Understand and apply the principles of improvement science
  - ◆ Identify gaps between local and best practice
  - ◆ Use measurement to understand the variation of performance
  - ◆ Identify the interdependent components that come together to meet the healthcare needs of individuals and communities
  - ◆ Use the skills needed to work effectively in groups and value of the perspectives and responsibilities of others.

### Strategies:

- ◆ Discussions among members included the following issues:
  - ◆ Availability of faculty;
  - ◆ Position in the academic year;
  - ◆ Possible integration into On-Doctoring;
  - ◆ Possibility of incorporation into Year 4;
  - ◆ Possibility of partnering with students in other DC schools or other healthcare disciplines;
  - ◆ Number of hours required for course;
  - ◆ Implementation date;
  - ◆ Possibility of presenting as an elective for the first year implemented.
- ◆ The course could be integrated in one of the following three ways:
  - ◆ As a standard course;
  - ◆ As an elective;
  - ◆ As a selective.

Health Leader  
Practicum  
Course  
(Cont'd)

- ◆ The membership decided that the optimum way of incorporating the new material into the Year 2 curriculum would be to pilot the course as an elective this coming fall. It will start with 3-4 hours of core didactic material for the whole class, then become a Fall elective for as many students as desire to participate.

Measurable  
Outcomes:

- ◆ TBD

Clerkship Hours

(September '06,

Challenges:

- ◆ Although guidelines had been developed and submitted previously, student government reported that certain clerkships are requesting long hours.

Strategies:

- ◆ Attending members of Student Government were requested to continue polling affected students throughout the year and the subject would be revisited at a later date.

Measurable  
Outcomes:

- ◆ TBD

## New Potential Hospital Clinical Affiliations

(April '07)

### Challenges:

- ◆ To seek potential new hospital clinical affiliations in order to broaden our clerkship experiences.

### Strategies:

- ◆ Dave Nierenberg and Eric Shirley reported that four hospitals or systems have made overtures recently to DMS with the goal of providing more or new clinical rotations for DMS medical students. They are:
  - ◆ A hospital in Northampton (which DMS determined was not yet ready to provide the rotations).
  - ◆ Maine Medical Center (an 800 bed hospital in a growing city with cultural diversity. They are currently closely aligned with UVM but would like to be tied more closely to a medical school and expand into other areas. An affiliation with MMC might increase the opportunities for electives by 5 to 15 slots.)
  - ◆ Cal Pacific Medical Center (which is the largest provider in San Francisco and would provide students with exposure to patients of quite varied backgrounds. Dave Nierenberg and Eric Shirley found their medicine, psych, neuro, and surgery departments "incredibly good," and nearly ready to offer quality clerkships. Many issues would need to be ironed out before placement of DMS students).
  - ◆ Imogene Bassett in Cooperstown (which is currently going through a strategic reassessment. It is located in a very small town, but the teachers are very good. Placement of DMS students would serve capacity issues, but not greater exposure to patients from diverse backgrounds.

New Potential  
Hospital  
Clinical  
Affiliations  
(cont'd)

Measurable  
Outcomes:

- ◆ Drs. Nierenberg and Shirley will continue to investigate these options and will report to MEC as more information is obtained.

The Use of  
PowerPoint in  
Year 2 Courses

(May '07)

Challenges:

- ◆ To encourage the use of PowerPoint presentations among lecturers and to encourage the internet distribution before, during, and/or after the lecture.

Strategies:

- ◆ To convey to the students that SBM directors encourage the faculty to listen to the requests of the students, but that the use(s) of PowerPoint in lectures remains at the discretion of the faculty.
- ◆ To suggest an amendment to the Honor Code to specifically address the issue, including unwarranted distribution of the presentations and copyright infringement;
- ◆ To continue to reassure faculty that concerns regarding attendance, copyright, unwarranted distribution, and in-class behavior regarding PowerPoint presentations will be consistently addressed by students.

Measurable  
Outcomes:

- ◆ Ongoing

## New LCME Requirements

(May '07)

### Challenges:

- ◆ The LCME has introduced several new requirements for recertification. Some of the requirements concern the following topics:

### Strategies:

- ◆ To study the requirements and determine the best way to incorporate them into the current curriculum.

### Measurable Outcomes:

- ◆ To be discussed in AY 2007-2008.

## Medical Information & Communication Technology (ICT) Literacy

(June '07)

### Challenges:

- ◆ To assess and improve the ICT literacy of DMS students

### Strategies:

- ◆ Using MSOP recommendations, to develop an assessment instrument for determining ICT literacy among DMS students.
- ◆ To determine implementation for said instrument.

### Measurable Outcomes:

- ◆ MEC appointed Brent Harris to form a Vertical Integration Group to research the above strategies and report to the MEC membership in early fall.