Prior Business – Motions

1. Integration Task Force Report unanimously accepted as final report

2. Resolution 15-02-10-01 AI Oversight Individual from Departments unanimously passed
   • Will ask the Dean to sign off
   • Departments will determine their acting internship oversight person.
     o Individual departments may decide to have one person.
     o Larger departments may decide to have one person per division.
   • This will help with accountability so the MEC can begin reviews.

Major Topics & Task Forces

By-Laws Amendment Proposal Discussion

By-laws Amendments will be sent out for a MEC vote:

1. Change MEC by-laws for the MEC Vice Chair to be any MEC Committee Chair
   o The Vice Chair is traditionally the Special Programs Chair
   o There is no Special Programs Chair at this time.
   o Recommendation for the Preclinical Committee Chair Dr. Laura Cotlin to be the new MEC Vice Chair.

2. Add residents and fellows to the MEC as nonvoting members
   o This will provide resident/fellow insight into the curriculum
     ▪ One benefit is that this may bridge the continuum, from where students are in their medical school years to where they need to be when they graduate.
   o This will help residents develop their academic portfolios while contributing to the curriculum as MEC members.
Preclinical Module Grading Task Force

Students Ryan Khodadadi, Caroline Kennemer, and Cathy Fuller

Dr. Cathy Fuller, Students Ryan Khodadadi and Caroline Kennemer, and the preclinical module grading task force were thanked by the MEC chair for a masterfully detailed and complete presentation on preclinical grading.

- There was a recap of the preclinical grading report presented at the last meeting
- Switching to honors/pass/fail in the preclinical years has been proposed
  - Potential Advantages
    - Reduction in level of competitiveness in the preclinical years
    - Increased collaboration between students and teamwork
    - Increased participation in voluntary activities, such as EAB
    - Reductions in the focus on grades and in existing grade anxiety (particularly in P1 and P2 students).
  - Potential Disadvantages
    - Students may be less motivated to work as hard in the preclinical curriculum so may lead to potential declines in Step 1 scores
    - Residency directors may not have objective data to see exactly where students are ranked in the class, so they may be less willing to look at our graduates – potentially fewer of our students may match into their desired residencies.
    - Pass/Fail reporting may impact those students who do not do well on Step 1 or who have a subpar performance (may not be able to fall back on academic history of rank if pass/fail)
    - Difficulty in distinguishing between highly performing students.

Proposal for Preclinical Grading Changes

- Change the current preclinical grading from the quartile P1-P4 system to honors/pass/fail
  - Level of honors should be criterion based (example: everyone who earned >90% in a course would get honors)
  - Honors criteria should be decided by the Module Directors (through the Module Directors Advisory and Implementation Committee) in liaison with UME and reviewed by the MEC.
  - Change in preclinical grading would be in effect with the incoming class in 2015-2016 (Graduating Class of 2
Proposal for Fundamentals I & II Restructuring Craig Hoesley

- Reasons to restructure
  - Streamline content to improve integration.
  - Reduce stress -- Feedback from students says it is a stressful time.
  - Create cohesiveness at the beginning of medical school in building a foundation for entry into the organ system modules and since students come from many unique backgrounds (science and non-science)

- Proposals:
  1. **Course Structure**: Restructure Fundamentals I and Fundamentals II into one 17-week course broken into 5 blocks based on content
  2. **Grading**: Make Fundamentals pass/fail without percentile/rankings
     - This provides students with ‘equal footing’ at the beginning of medical school.
  3. **Remediation/Academic Progression**: Students who fail 1-2 blocks would have the opportunity to remediate over winter break. Students failing 3 or more blocks would potentially recycle as MS1.
Proposal for Modification to Clerkship Grading  Craig Hoesley

- Current “compliance with monitoring” LCME accreditation status for clerkship grading; we have to report back to the LCME in August
  - Concern by the LCME site team was not with the clerkship grading itself but as to whether the clerkship grading rubric was being effectively communicated and applied in a consistent manner across all the campuses.
  - Clerkship grading across all campuses is being monitored, and there have been discussions with students and faculty raters. There are ongoing clerkship grading reports each month in the Clerkship Directors’ meeting.

- Currently, clerkship grading is honors/pass/fail
  - Honors criteria are designated by each clerkship and clerkship director within that discipline.
  - Honors criteria are based upon (1) clinical performance and (2) NBME shelf exam performance. Students must meet honors in both clinical performance and NBME subject exam performance.
  - A raw score is generated and then students are quartile ranked.

- Proposals:
  - Addition of a “High Pass” designation in clerkship grading for any student who meets one (1) of the two honors criteria (either clinical performance or NBME shelf exam performance) but fails to meet the other. Clerkship grading would be Honors/High Pass/Pass/Fail with this addition.
    - For example:
      - A student who received honors in clinical performance but not in NBME subject exam performance would receive a High Pass.
      - A student who did not receive honors in clinical performance but received honors in NBME subject exam performance would receive a High Pass.
      - Students would still be ranked, so a student who received High Pass due to honors in clinical performance only would be ranked higher than a student who received High Pass due to honors in NBME shelf exam performance only. *Weighting as noted in slide set.*
Upcoming Reports

Service Learning Task Force  May 2015  Erin Snyder
Goals:  
1. Descriptive Index of currently available opportunities across campuses
2. Provide guide/vision (robust) to which UASOM should/should strive
3. Linkage with Albert Schweitzer Fellowship opportunities

Update:  Group will present findings and a proposal at the May 2015 meeting

MCAT/Admissions Task Force  TBD? June/July 2015  Nathan Smith / Lanita Carter
Goals:  
1. Provide narrative/explanation of change in grading format
2. Determine the criteria for admission standards (Prerequisite courses; scores; other criteria)

Update:  Dr. Hartig is assisting formation and charge for this group.

Certificate Task Force  Summer 2015  Kristina Panizzi Woodley
Goals:  
1. Describe national/comparative schools current certificate programs / availability
2. Describe processes/possibilities/barriers for implementation
3. Develop 1-2 Certificate Earning Programs for implementation selected based upon ease/availability to begin
   process (pilot in preparation for additional, future certificates)

Update:  Group has made headway on the first two charges and will be
   addressing those further and working toward charge 3.

Inter-Professional Education (IPE) Task Force  June/July 2015  J. R. Hartig / Caroline Harada
Goals:  
1. Specifics TBD
2. Partner with SON to create curricular enhancements involving IPE
3. Partner with other Schools (Optometry, Dentistry, etc.) in creating IPE opportunities

Update:  This Group is being re-organized as a joint body between the SOM and
   the SON, with MEC and UME representation and representation from
   the SON curriculum committee.

Potential projects/proposals/modifications to the SOM curriculum will be
   discussed and presented to the MEC.

IPE is a requirement of the LCME with which UASOM must comply.

On-Going Topics

LCME Compliance Officer Update  Kristina Panizzi Woodley

Interprofessional collaborative skills activities in the curriculum are
required by the LCME.

IPE is a new element/standard to which we are accountable with the LCME going
forward. IPE involves simulation but is also more than simulation. We will need
to explore IPE opportunities. The IPE task force is one component in this
process. MEC involvement will be crucial.
Committee Reports / Topics

Clinical Subcommittee Marjorie Lee White
- Status of Reviews (ICM, AI, Clerkship)
- Report of the Retreat (tabled for May due to time)
- ICM Review Planned May/June 2015

Preclinical Subcommittee Laura Cotlin
- Module Directors Retreat April 28th, 2015 12-4pm Edge of Chaos
- Status of Reviews

Special Topics New Chair TBD?

Other
- New MEC Membership Appointments (student and faculty)
- Learning Communities
- Report to the LCME regarding grading issues

Reminders: Next MEC Meeting May 12th, 2015 (There’s a lot on our menu!)