STUDENT EDUCATION GROUP (SEG) MEETING AGENDA
November 5th, 2019

Time | Topic
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5:30 – 5:45 | Housekeeping
5:45 – 6:15 | Guest: SJC to present on survey data
6:15 – 6:25 | Welcome 1st years! SEG mini-rundown
6:25 – 6:35 | CT vs VT SEG Representation
6:35 – 6:45 | SEG in Clerkship Discussion
6:45 – 7:00 | Course + Committee Updates

TEAMS
- **Team 1**: Ethan Witt, Sienna Searles, Maggie Carey  
  Foundations: FoCS, PCR  
  Liaison roles: Library, Academic Supports, Communications  
  Clinical Rotations: Psychiatry, Family Medicine
- **Team 2**: Daniel De Los Santos, Audrea Bose, Megan Boyer  
  Foundations: A&D, NMGI, DIV  
  Liaison roles: Elections, Position Statements  
  Clinical Rotations: Surgery, Emergency Medicine
- **Team 3**: Hanna Mathers, Flora Liu, Kelly Chan  
  Foundations: Neural Science, Connections, PHP  
  Liaison roles: Teaching Academy, LIC  
  Clinical Rotations: Internal Medicine, Neurology/Outpatient
- **Team 4**: Chad Serels, Sidney Hilker, Rachel Harrison  
  Foundations: CRR, HDRH, Convergence  
  Liaison roles: Technology, Clinical Skills  
  Clinical Rotations: Ob/Gyn, Pediatrics

COMMITTEE REPORTS
- **MCC COMMITTEE** (Chad Serels, Kalle Fjeld, Luke Higgins)
- **FOUNDATIONS COMMITTEE** (Scott Olehnik and Sidney Hilker)
- **CLERKSHIP COMMITTEE** (Hanna Mathers and Caroline Vines)
- **AAMC REP**: (Brian Rosen)
Student Education Group  
11/5/2019  
Minutes

**Members unable to attend:** Chris Bernard, Ethan Witt, Audrea Bose, Leigh Ann Holtermann, Dean Zehle

**Members in attendance:** Rachel Harrison, Megan Boyer, Sidney Hilker, Chad Serels, Flora Liu (skype), Maggie Carey, Kelly Chan, Sienna Searles (skype), Daniel De Los Santos, Hanna Mathers (skype)

**Committee Members in attendance:** Luke Higgins (MCC), Chad Serels (MCC), Sidney Hilker (Foundations), Hanna Mathers (Clerkship)

**Minutes by:** Megan Boyer

**Chairperson:** Chad Serels and Sidney Hilker

**Guests:** SJC

**Housekeeping**
- Created a text group on GroupMe for SEG
- Search committee for senior Dean of Medical Education
  - Narrowing it down to finalists
  - Will be 3-4 finalists who come spend 2 days at UVM
  - Dean wants those finalists to meet with student leadership groups
    - Want 2-4 people from each leadership group to meet them
    - Want the same people to meet each finalist (ideally)
- Bylaws
  - For SEG election- highest number of votes for candidate from CT campus, highest number of votes for candidate from VT campus, and next 2 highest voting getters
  - There was a comment on the bylaws about what happens if someone switches campuses
    - Think this may be unlikely for this first go around, but we can make changes if people feel that is necessary

**Guest – SJC (Sheridan Finnie)**
- Social medicine curriculum (social medicine theme of the week and integrated curriculum) was implemented last year by SJC working with faculty/administration
  - Relatively new element of the curriculum
- Developed and implemented a survey to students and faculty at the end of last school year to gain feedback
• Presenting at AAMC this weekend
• Question: What were the student and faculty reactions to the preclinical curriculum in social medicine?
  o Used limesurvey to create surveys for students and faculty
  o Used STATA for basic descriptive statistics
  o Used grounded theory to look at qualitative data
    ▪ Coding data, conceptual categories and themes that represent the main points
  o Made a conceptual model to demonstrate the findings
  o This is preliminary data, a final report will come out at a later date

• Quantitative Findings
  o Majority of students were aware of the social medicine theme of the week curriculum
    ▪ Most students rated it as “very helpful” or “a little helpful”
    ▪ Coverage of most topics were rated as “too little” (race, sec and gender, LGBTQ content, poverty, global health, structural violence)
    ▪ More than 70% of students responded
  o 52.5% of faculty were aware of the social medicine theme of the week curriculum
    ▪ Less faculty responded (limitation)
    ▪ High level of agreement in feeling that there was “too little” of each individual topic coverage
    ▪ Reported limitations
  o Qualitative findings
    ▪ Start at lower level and build to higher level conceptual categories
    ▪ Student
      • Explicit structure of curriculum
        ▪ Course directors
        ▪ PCR
        ▪ Not integrated across curriculum
      • Content and pedagogy
        ▪ Topic areas covered well
        ▪ Topic areas that fell short
      • Ongoing approach to curriculum delivery (“next steps” going forward)
        ▪ Faculty training to integrate this in the future
        ▪ Format change to delivery of the content (online resources, etc.)
        ▪ Student announcement quality (stories, practicality)
    ▪ Faculty
      • Explicit structure of curriculum
        ▪ Unaware of the structure
        ▪ Unaware of topics to link to curriculum
      • Content and pedagogy
        ▪ Require guidance from a content expert
      • Ongoing approach to curriculum delivery (“next steps” going forward)
        ▪ Faculty training to integrate this in the future (different elements)
        ▪ Learning curve

• Recommendations
• Improve the topical content, curricular process, and institutional process
  ▪ Based on results of survey and medical education literature
• What are the next steps in terms of LCOM implementation?
  o Continue to collaborate with course directors to build social medicine curriculum
    ▪ Create an individualized approach that works for each course director
• Who does this development in the curriculum come from?
  o Teaching Academy is very excited to work with faculty to help teach these topics
  o Ultimately will need to come from administration to build in training for LCOM faculty
  o Support of individual course directors does help faculty build this content
• Have any changes already been implemented at the ground level?
  o Really depends on course itself
  o M1s have a bubble on their calendar that shows social medicine theme of the week
    ▪ Will continue into M2 year as well once themes are more well-established
  o Emphasized the importance of strong narratives in presenting this information

Welcome 1st Years!
• Nina Feinberg
• Helen Gandler
• Will Brown
• Alex Cohen
• Naomi Koliba
• Dana Allison
• Michael Lawler
• Raj Aurora
• Lauren Coritt
• Anna Chamby
• Alexis Miller

CT vs VT SEG Representation
• Top vote from CT, top vote from VT, next 2 highest voted candidates

SEG in Clerkship Discussion
• Revisit this when Leigh Ann is here

Course and Committee Updates:
• Foundations
  o Final stages of Dean of Medical Education search
  o New PCR director
  o Went over the search feature for the curriculum mapping (important for LCME visit)
• Clerkship
  o Honors cut off for classes
    ▪ Didn’t recommend any changes to the 50th percentile
      • Need to get over 50% on exam to be eligible to honor
Will discuss changes to evaluation process in the future
Feedback is needed on clerkship information dissemination
  - How did students feel about the information session this year?
Search for new Associate Dean for Clinical Education
  - New person should be put in charge before December
Will bring up eligibility for honors and evaluation process at next meeting
  - Seems like most clerkship directors would be on board about these conversations

- MCC
  - Approved new director and associate director of EM AI
  - Approved QAR for family medicine
  - Some discussion of host families and sites for family medicine
  - Neural Science QAR approved
    - Significant improvement over the past 2 years
    - Dr. Gupta has a lot of ideas on how to move forward
  - Presentation on academic outcomes
    - Some discussion on presenting active learning outcomes
  - First Jumpstart VIC meeting is tomorrow so if you have questions email Luke

- FoCS
  - Maggie did an open feedback session recently
    - Decent amount of feedback about metabolism and embryology
  - Seems to be an issue with communication with embryology professors as to what is covered
  - First years in attendance state that there seems to be a push to create a foundational understanding of metabolism
    - Suggested maybe doing a lecture to start, then workshop, then a recap
    - Pre-work also tends to be dense as well (textbook chapters)
  - This year there was a change to make renal information on a separate exam (new block) from cardio and respiratory units

- CRR
  - Cardiology and Respiratory both had really strong point professors, Dr. Hale is aware of some changes that need to be made to make renal successful
  - People felt like they needed a bit more time for cardio
  - Second years were talked to today about attendance in class
    - Announcement was less about attendance and more so about creating a conversation about this
    - Lots of points to consider when talking about making class mandatory (wellness, preparedness of every student in the room, etc.)

Task List:
  - Collect SEG interest statements and distribute election - Megan