

Present: Drs. Arnaout, Becker, Born, Bourdeaux, Burnett-Bowie, Burstein, Cardozo, Connelly, Daley, Dunn, Farrell, Fishman, Haigis, Khoshbin, King, Klig, Kohane, Kroshinsky, Mehrotra, Morton, Nour, Podolsky, Poussaint, Rexrode, Samuels, Sieberg, Stone, Struhl, Tarbell, Weinstein

Guests: Drs. Allen, Bates, Dalrymple, Hundert, Muto, Reede, Westlund; Mss. Lewis, Williams, Wood; Mr. Chantaruchirakorn

Staff: Mss. Emmons-Holder and Hecht; Dr. Lensch

Dean Daley called the meeting to order at approximately 4:05pm. He asked for and received acceptance of the minutes from both the May 22, 2017 and the October 4, 2017 meetings, as presented. Dean Daley thanked the members for their continued contributions to HMS's governance via their Faculty Council participation. He also mentioned he looks forward to working with Dr. Hal Burstein, Faculty Council Vice Chair and leader of the Docket Committee, and to this year's agenda as a whole.

Next, he asked Dr. Burstein if he had any issues to discuss with the Council.

Dr. Burstein discussed the docket committee, which meets for thirty minutes prior to each Faculty Council meeting and is responsible for setting the agenda for future meetings. One of their larger goals this year is to encourage engagement including holding Faculty Council meetings in the flipped classroom style. The committee is also looking for Faculty Council members to volunteer for a subcommittee on the Faculty Council election process. Volunteers are encouraged to email [Dr. Burstein](#) and/or [Dean Connelly](#). The subcommittee on elections will review the current composition and distribution of faculty and recommend restructuring, where needed, to ensure broad representation across faculty rank, discipline, activity and geography.

Dean Daley commented on the agenda for the meeting. The major topics are two LCME-related subjects and a session on the Harvard University's Task Force on Inclusion and Belonging. Materials for each were provided in advance.

Dean Daley introduced Maureen Connelly, MD, PhD, Dean for Faculty Affairs, along with Gail Williams, Director of Administration in the Office of Faculty Affairs who provided an update on Faculty Participation in Governance and Standing Committees of Harvard Medical School (HMS).

Dean Connelly discussed the LCME expectations that the school have more faculty governance just in addition to Faculty Council. LCME expects faculty to participate in School governance/decision-making via standing committees, with most committees including some members who are elected or nominated via a faculty-administered process. The School must also have effective mechanisms of obtaining individual faculty feedback regarding deciding upon and communicating major policy changes. At the May 2017 Faculty Council meeting, they

discussed with the Council about reaching out to the community and surveying committees, Dean Connelly and Ms. Williams provided an update on that task.

Ms. Williams discussed the Survey of Standing Committee Chairs/Ex-officio Administrators, which the office for Faculty Affairs has been working on to collect information about current leadership, membership, terms and authority from each Standing Committee and shared a brief summary to-date. She noted that nineteen out of the twenty-six HMS committees have responded as of November 8, 2017. Of those nineteen committees:

- 3 committees are appointed and elected
- 16 committees are appointed

Two committee response examples were distributed to the Council to see how questions were asked and how information is obtained. Both of the committees discussed are charged with making recommendations and are empowered to take action.

Dean Connelly then discussed next steps. An email will go out to all faculty, listing committees and accepting volunteers. Dean Connelly will then report back to Faculty Council.

There were a few questions/comments made about the value of considering the mix of volunteers and clear-cut specifications/requirements or a “qualifications lists” for members of each committee. Dean Connelly stated they will make sure that clear, basic requirements are stated. It was also mentioned, for security reasons, how some emails to the hospitals do not get through. Dean Connelly mentioned they will work with IT on this.

Next, Dean Daley introduced Ed Hundert, MD, Dean of Medical Education, John Dalrymple, MD, Director of Assessment, Professionalism, and Humanism in Medicine, and Carolyn Wood, Director, Office of Educational Quality Improvement, to discuss the MD curriculum program objectives and continuous quality improvement (CQI).

Dean Hundert mentioned the two LCME standards his group would be covering.

8.3 Curricular Design, Review, Revision/Content Monitoring

The faculty of a medical school are responsible for the detailed development, design, and implantation of all components of the medical education program, including the medical education program objectives, the learning objectives for each requirement curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content and evaluation of course, clerkship and teacher quality...to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.

8.4 Program Evaluation

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance medical education program quality. These data are collected during program enrollment and after program completion.

Dean Hundert noted that every medical school has a different curriculum design and showed the Council the HMS Pathways track highlighting the shifting curriculum.

There are six MD degree competencies for the entire MD program, which the whole curriculum is organized around:

- Medical Knowledge
- Critical Thinking and Inquiry
- Patient Care
- Professionalism
- Interpersonal and Communications Skills
- Organizational and Social Determinants of Health Care

Every course has learning objectives and each objective is mapped to specific competencies to measure if students achieve competencies when they graduate. Dean Hundert showed a sample mapping of program objectives to HMS competency.

Competency: Medical Knowledge

All students are expected to achieve an understanding of established and evolving biomedical, clinical, social, behavioral, and population sciences, and demonstrate the ability to identify and assess new information relevant to a question and to apply this knowledge to clinical problem-solving and scientific inquiry.

Objectives:

By the time of graduation, all students will be able to:

- Demonstrate an understanding of established and evolving biomedical, clinical, social, behavioral, and population sciences.
- Apply their understanding of biomedical, clinical, social, behavioral, and population sciences to problems in clinical medicine.
- Integrate biomedical, clinical, social, behavioral, and population sciences into the care of individuals and populations.
- Identify and critically appraise new information that is relevant to a biomedical or clinical question

Next, Dr. Dalrymple discussed mapping clerkships to program level objectives. Everything we teach should map to one or more of the competencies. He showed slides listing the medicine core clerkship objectives and how they align with the core competencies.

Next, Dean Hundert discussed part two of their agenda, focusing on the program evaluation, tackling how the objectives are being measured. Using an example of two medicine core clerkship objectives:

DIAGNOSIS I: articulate a cogent, prioritized differential diagnosis based on initial history and exam.

DIAGNOSIS II: design a diagnostic strategy to narrow an initial differential diagnosis demonstration knowledge of pathophysiology and evidence from the literature.

Dean Hundert showed that these map to the Critical Thinking and Inquiry competency, and are measured by a new framework rolled out this year:

Formative and Summative Assessments:

- Clerkship Grades + Narratives
- OSCE Events
- Direct Faculty/Resident Observation
- Mini-CEX
- Entrustable Professional Activity (EPA) Evaluation Ratings

Next, a matrix was shown of the mapped-out items, starting with the highest-level objective (general competency), the program objectives and specific measures that can prove that students do achieve the objective.

Competencies, Program Objectives, and Outcome Measures		Source: School-reported
General Competency	Medical Education Program Objective(s)	Outcome Measure(s) for Objective
Medical Knowledge <i>All students are expected to achieve an understanding of established and evolving biomedical, clinical, social, behavioral, and population sciences, and demonstrate the ability to identify and assess new information relevant to a question and to apply this knowledge to clinical problem-solving and scientific inquiry.</i>	1.1 Demonstrate an understanding of established and evolving biomedical, clinical, social, behavioral, and population sciences.	<input type="checkbox"/> Pre-clerkship course quizzes and exams <input type="checkbox"/> Mid-course feedback <input type="checkbox"/> Review of homework assignments <input type="checkbox"/> Faculty observations of small groups <input type="checkbox"/> Short essay assignments in Essentials of the Profession <input type="checkbox"/> USMLE Step 1; USMLE Step 2 CK <input type="checkbox"/> NBME Clinical Science Shelf exams <input type="checkbox"/> AAMC Graduation Questionnaire
	1.2 Apply their understanding of biomedical, clinical, social, behavioral, and population sciences to problems in clinical medicine.	<input type="checkbox"/> Clerkship and sub-internship clinical assessments (EPA Ratings, Narrative Comments, Grades) <input type="checkbox"/> Pre-clerkship course quizzes and exams <input type="checkbox"/> USMLE Step 1; USMLE Step 2 CK <input type="checkbox"/> NBME Clinical Science Shelf exams
	1.3 Integrate biomedical, clinical, social, behavioral, and population sciences into the care of individuals and populations.	<input type="checkbox"/> Clerkship and sub-internship clinical assessments (EPA Ratings, Narrative Comments, Grades) <input type="checkbox"/> Comprehensive Observed Clinical Standardized Exam (COMP OSCE) <input type="checkbox"/> HMS Clerkship Evaluation Survey <input type="checkbox"/> USMLE Step 2 CK <input type="checkbox"/> NBME Clinical Science Shelf Exams
	1.4 Identify and critically appraise new information that is relevant to a biomedical or clinical question.	<input type="checkbox"/> Clerkship and sub-internship clinical assessments (EPA Ratings, Narrative Comments, Grades) <input type="checkbox"/> COMP OSCE <input type="checkbox"/> feedback on Mentored Scholars-in-Medicine Project <input type="checkbox"/> self-directed learning assignments in Homeostasis 1 <input type="checkbox"/> HST research seminars with faculty feedback <input type="checkbox"/> AAMC Graduation Questionnaire (GQ) <input type="checkbox"/> NBME Clinical Science Shelf Exams

About three years ago, the AAMC rolled out a list of Entrustable Professional Activities (EPA's), which all students should know when they graduate. HMS has adopted this to the full program,

for all four years, and mapped out where students are achieving these during Pre-PCE, PCE and Post-PCE.

EPA	Description	Pre-PCE	PCE	Post-PCE
1A	Gather a history	X	X	X
1B	Perform a physical examination	X	X	X
2	Prioritize a Ddx following a clinical encounter	X	X	X
3	Recommend and interpret common diagnostic and screening tests		X	X
4	Enter and discuss orders and prescriptions			X
5	Document a clinical encounter in the patient record	X	X	X
6	Provide an oral presentation of a clinical encounter	X	X	X
7	Form clinical questions and retrieve evidence to advance pt care		X	X
8	Give or receive a patient handover to transition care responsibility			X
9	Collaborate as a member of an interprofessional team		X	X
10	Recognize a pt requiring urgent/emergent care; initiate evaluation			X
11	Obtain informed consent for tests and/or procedures			X
12	Perform general procedures of a physician		+/-	X
13	Identify system failures and contribute to a culture of safety and improvement			X

Putting this all together with the competencies and program level objectives, they are able to drive curriculum and outcomes.

Data is collected from student outcomes by looking at summative assessment, how students do (match, residency, internship) and career trajectory (beyond internships and residency). Dean Hundert mentioned that they are working with Alumni about outreach/surveys 5 years out, to collect data on their performance after residency and internships. Student evaluations of faculty and courses provide real-time process feedback, and shows how students rate courses.

Ms. Woods discussed continuous quality improvement (CQI) throughout the student lifecycle, from pre-HMS, to HMS and life after HMS. There are a lot of data already; the challenge is how to organize that data. Ms. Woods discussed questions the CQI process should inform and another way of tackling the task by thinking of and collecting data from four key areas of inquiry:

- Student Performance
- Performance in Next Phase Curriculum
- Student Experience
- Learning Environment

In order to curate the existing data they are building a data warehouse which will facilitate obtained customized reports. Every medical school uses different databases. Oasis and

Canvas, two databases HMS currently use, do not talk to each other. The group creating the data warehouse is working to connect all databases together.

Ms. Woods concluded by explaining the CQI process model before opening things up for discussion, thoughts and feedback from Council members.

Dean Daley then introduced the last topic for discussion. HMS made a major effort to increase student diversity. President Faust convened a Presidential Task Force on Inclusion and Belonging. That task force issued a draft report in September, which was provided in advance. Two of the co-chairs of the Presidential Task Force, Danielle Allen, PhD, James Bryant Conant University Professor and Director of the Edmond J. Safra Center for Ethics at the Harvard Graduate School of Education, and Meredith Weenick, Vice President for Campus Services at Harvard University, along with Tez “Bank” Chantaruchirakorn, Associate Director of Special Project’s, Office of the Provost, who staffs the task force, joined the meeting to discuss the draft report.

Ms. Weenick described the task force, which is focusing on inclusion and belonging University-wide. The Presidential Task Force consists of 60 members who spent the last year listening to comments in meetings with schools, academic and business units, outreach workshops and received 1,500+ comments in Afternoon of Engagement.

She went on to discuss the state of affairs, stating there is a very uneven sense of belonging across the university. Diversity, Inclusion and Belonging (DIB) work is not very visible to campuses and decentralization presents a challenge to DIB work. She discussed four proposed solutions:

1. Focus on inclusive excellence- an approach that helps everyone on campus flourish
2. Strengthen schools and business units, enabling resources to collaborate better
3. Strengthen the central effort
4. Everyone engages- everyone has a role

Dr. Allen discussed the core elements of inclusive excellence, which include

1. Values, symbols and spaces
2. Recruitment, promotion, retention and development
3. Strategic organizational structure
4. Academic, professional and social integration

Each of these four domains has aspirations, which were consistently heard across schools, and used to draft the shared standards for inclusive excellence.

Next, long term recommendations were discussed:

1. Inclusive excellence rubric used as a strategic planning tool by Schools and Business Units: *values, integration, recruitment, organization*

2. Alignment and Coordination of Inclusive Excellence work in the Office of the President & Provost (OPP)
3. Increased focus of University HR on enabling staff talent and improving organizational culture.
4. Transparency, feedback and dialog
5. Increased resources for faculty renewal and development

Concerning short-term launch steps for OPP:

1. Inclusive symbols
 - a. A revised values statement
 - b. A revised alma mater
 - c. Public art
 - d. Introduction of wayfinding- becoming more accessible
2. Research centers to anchor work on diversity, inclusion and belonging
 - a. an inter-faculty initiative (university-wide) on higher education, inclusion and belonging, and organizational change
 - b. an inter-faculty initiative (university-wide) in identity, politics, and culture or variant thereof

Before opening to discussion, Dr. Reede, who sits on the Presidential Task Force stated that she thinks that HMS is doing quite well and mentioned both the HMS Values and Diversity Statements.

Following some discussion, Dean Daley adjourned the meeting at approximately 5:42pm.