

Education Council (EC) Meeting Minutes

September 15, 2009

Members present: *S Allen, L Anderson, J Beattie, K Brooks, A Friedman, H Grothe, C Hegarty, L Henson, J Jochman, A Johns, L Ling, W Miller, A Minenko, C Niewoehner, J Nixon, L Perkowski, D Power, L Repesh, R Soninno, T Stillman, T Thompson, T Walseth, D Wangensteen, K Watson, P White, R Wong, M Woods, J Wynn*

Members absent: *D Anderson, M Baird, B Benson, B Brandt, A Campbell, S Chahla, B Clarke, K Crossley, L Hansen, T Ebner, R Hoffman, M Hordinsky, M Kondrak, M LuBrandt, J Miller, C Patow, L Ryan*

I. Approval of Minutes

Minutes for the August 18th meeting were approved without changes or additions.

II. Discussion

Revision of Evaluation Process

As a follow up to a discussion (May 19, 2009) by Education Council on program evaluation, Dr. Linda Perkowski brought back to the committee the revised Education Program Evaluation principles, outcome measures, and draft of guidelines for Course and Clerkship Directors (See attachment entitled: Educational Program Evaluation). The Office of Education took comments from that meetings and has been working with Drs. Catherine Niewoehner and Cullen Hegarty, co-chairs of the Twin Cities Curriculum Committee, to revise the principles and outcomes and to develop and implement a new review process for all courses and clerkships. Dr. Rick Hoffman is also reviewing the new course review form.

A discussion by the council about the proposed outcome measures followed. Dr. Perkowski noted that the outcomes reflect our current accomplishments. Dr. Miller asked if the process for QI is set up to gather information on measures that have been met; how will this lead to improvement? Dr. Perkowski stated that although we have multiple data sources and conduct analyses of those data we are not readily tracking what has been done in response to the data and recommendations. To determine our standards, a first step is to gather best practices and then to use discussion on those practices to determine what standards we want. Once these standards are known we should be able to increase our School's benchmark, knowingly stating "this isn't sufficient and we want to go further" in expectations of/what performance should be for our medical students. For example, LCME standards for clerkships require those clerkship with multiple sites provide equivalent educational experiences at all sites either through experiences or with simulation/paper cases. To determine this, it requires data to support what patient encounters and types of activities all students are experiencing. Clerkship directors have been collecting this information for five years. In discussion with Dr. Cullen Hegarty, Clinical Education Committee chair and Curriculum Committee co-chair; these proposed revisions for collecting the required data for student experiences will be brought to the clerkship directors as a group for their discussion.

The first part of the proposal requires reporting basic types of outcomes being achieved by students. Dr. Hegarty noted that in the first draft the bulleted items used the term "above average" which has been changed to "meets expectations" or "exceeds expectations". This change in language is in response to LCME standards.

A discussion by the committee about the proposed guidelines for Course and Clerkship Directors followed. Dr. Kathleen Watson referred to course/clerkship evaluations (pg. 2) #4, which discusses feedback during Year 1 and 2 courses. This applies to course directors who have implemented the

Secure Exam Policy for 2009-10 and have agreed to absolutely provide at the beginning of the course and throughout the course, a means for students to self assess for the duration of the course. Currently individual student improvement in courses isn't easily tracked. The new guidelines are intended to provide data that will highlight student performance throughout a course. John Jochman, MS-4 has seen a great deal of improvement in feedback provided for each clinical rotation in comparison with his experiences during Year-3.

Dr. Perkowski explained that most of the clerkships are doing many of the things required by LCME standards, but they are not visible in data currently gathered. Tracking will make them more visible and provide hard data for quality improvement. It's not only collecting and having data; making it visible allows the School to learn what needs to be improved and what has improved.

Dr. Friedman asked who should review exam items and performance for the clerkships (pg. 2) #6. Dr. Perkowski responded that initially this is the responsibility of the course/clerkship director. If those directors have concerns or questions about how to interpret the performance data and interpret item statistics, Curriculum and Evaluation staff are available to work with them. Currently many but not all of the course/clerkship directors do assess the value of their exams' measurement; if they see a problem they make improvements. This isn't feasible for clerkships using the purchased USMLE shelf exams. If a clerkship director develops his/her own course, they should be reviewed both before and after the administration of the exam. For example Dr. Hegarty has asked evaluation staff to review a set of questions he developed for use by Emergency Medicine.

Dr. Friedman's stated that generally routine reviews are critical for moving a course from evaluation of its content and the learning opportunity it provides; to a process of change and development if needed; to implementing changes and with a future goal of 100% for improvement in quality of all courses. Dr. Perkowski confirmed if the areas proposed are reviewed across all courses and clerkships, this allows standards to be set by faculty to achieve such improvement. Also through the course review process it will be possible to document if the reviews happened and what changes have been made. Once the secure exam policy becomes fully effective tracking changes on exam items should be easier.

Regarding item #8 on page two, evaluation of teaching ability should be reviewed at least once, Dr. Richard Hoffman (Duluth) recommended more frequent review of teaching ability because of the length of tenure for some teaching faculty. Although a desired process, Dr. Perkowski added that from the clinical faculty stand point, finding a workable scenario to observe clinical settings will be difficult. Reviewing student evaluations of faculty/resident teaching can provide one metric but student only evaluation provides a limited set of data. Concern was expressed for a system of "shadowing/observing" that would be thorough enough for peer review. Dr. Perkowski asked EC members if peer review isn't possible for all teaching what are some suggestions. Dr. Sonnino suggested that required mentoring might be a way to accomplish peer review. One department has faculty review evaluations of teaching completed by residents, fellows and students and then selects the top 10% for commendation and the bottom 10% are reviewed and offered mentorship. This has promoted quality improvement. The LCME standard requires that every course and clerkship director develop and implement a process to evaluate the instructors' teaching ability. The greatest factor is to establish review of faculty as an important aspect of a quality program. Dr. Watson suggested forming a small group including Dr. Roberta Sonnino, to brainstorm the possibility that P & T Policy would permit peer review to be added as a component for Promotion and Tenure. Dr. Allen Johns asked that discussion include determining how extensively visiting lecturers should be evaluated (who may teach only 1 lecture). Dr. Power raised a question regarding resolving difficult situations that do arise for some individuals while on rotation, i.e. inappropriate behavior. He suggested adding a point to the questions regarding "behavior".

Dr. Perkowski pointed out a table (page 2) listing Medical School Education Programs for which annual activity should be of interest to the Education Council. She requested input for other reports EC members would like added to the list, how often should a report be required and what specific items should the report include. As an example, COSSS/SSC data could address an overview of student performance, failure, remediation and what outcomes are achieved. Dr. Friedman indicated the reports would provide an opportunity for EC members to learn what impact each program has on the Medical School overall. Dr. Henson suggested the reports be linked to the stated goals of the program and how those goals were being reached, specifically resource data would be one aspect. It was determined that at a minimum each report should include stated goals, outcomes (short & long term) and analysis of resources. Dr. Perkowski was asked to revise the table indicating when these reports would be given and providing a template for the programs to use for their reports.

USMLE Step 2 CK

Dr. Perkowski provided information from the annual reports for USMLE Step 2 CK results, with comparison our school's student performances and national results, the University of Minnesota is doing very well. The reports are available on the Medical Education Program Evaluation web site, for course and clerkship directors to view. She reported that our students pass rate and overall scores are above those reported nationally. Dr. Perkowski recommended the information be considered over multiple years and noted that the trend for the University of Minnesota Medical School is very positive. Dr. Kathleen Watson noted that USMLE Step scores can be helpful in assisting students' decisions for selecting residency programs they may be best suited to pursue.

Education Council Membership

Dr. Lindsey Henson referred EC members to the Education Council membership roster for 2009-10 and provided a breakdown of the current membership. Referring to the portion of the Medical School by-laws that address membership for the EC, she reported that the majority of members must be tenured or tenure track faculty. Her understanding is that this is reference to the voting members, which the membership currently does meet. Dr. Henson also pointed out that the by-laws state there should be 27 voting members and currently we have 25 positions identified. Her recommendation is to address the vacancy of two positions as "additional members may appointed by the Dean", identify individuals who are interested in the direction of the educational program and in serving on the Council; propose those names to Dean Cerra and ask to have them appointed. By consensus it was determined to submit names to Dr. Cerra and request appointment of two additional members.

III. Information

ACGME Institutional Site Visit/GME Work Plan

Dr. Louis Ling provided a work plan for the GME office staff use to guide their work and to document on-going quality improvement plans and completions. He also provided an executive summary for 2008-09. In addition he reported that they have been given the December 7th as the date for their external review site visit by the ACGME. Portions of the site visit process will take place in the Medical Education meeting areas.

Dean appointed Task Forces

Dr. Henson provided the letters of appointment and list of members serving on each of the following two committees; Task Force on Strategic Directions, Duluth Campus and on the Medical School Finance Model. She announced that if any EC members are interested in serving to please contact a Task Force member to submit your name. The charge to each Task Force is included in the letters (see meeting materials).

The next Education Council meeting will be held on October 20, 2009

Approved by EC members October 20, 2009