I. Approval of Minutes

Minutes for the September 15th meeting were approved without changes or additions.

II. Information

Duluth Admissions

Dr. Lillian Repesh reviewed admissions statistics for the 2009 entering class at the University of Minnesota Medical School on the Duluth campus. The data presented touched on aspects of their applicant pool and Dr. Repesh shared specific statistics for the recently matriculated entering class.

Dr. Respesh highlighted the range of GPAs and MCAT scores for their new class. She reported that although over time some of Duluth students are admitted with lower scores, they have performed at or above the national mean on Step 1 boards. She gave an update of the year-to-date applicant pool for the class entering in September 2010. Currently applications are down slightly from this time last year. Eight students have been admitted as early acceptances for 2010. The third set of data she presented provided details for individuals accepted at Duluth for 2009, but who chose to accept admission to other medical schools. She stated the Twin Cities campus of UMMS presents the most competition, while documentation indicates 10 other very competitive medical schools that were selected by a number of those offered admission at the UMD campus.

Dr. Miller asked if for the students with lower MCATS, who might be thought to be at risk for failing the Step 1, does Duluth offer any specific mentoring or test preparation. Dr. Repesh reported that they have early intervention which includes steps to identify those at risk, establish tutors, match them with education specialists to determine study skills, steps to identify how they learn best, determine if additional help from faculty is needed, and offer a pre-matriculation course before year-1 courses begin. Students who may have some learning problems are monitored closely. Duluth also has a board review course at the end of year-2 before they take Step1. Dr. Repesh reported that last year the ten students who attended the board review course who were considered “at risk” passed their Step 1 exam on their first try.

Chin-To Fung

Dr. Henson distributed a flyer announcing a workshop presented by Dr. Chin-ToFung, Chief of the Division of Genetics Education at University of Rochester Medical School. He directs the genetics
thread that runs through their year 1-4 curriculum and is also Director of an integrated biochemistry, genetics, and molecular biology course at Rochester. Dr. Fong will visit campus on November 19th and 20th, his presentation Six Steps to Curriculum Integration has been scheduled from 7:30-9:00 in B646 Mayo, as a MEDS session, which requires a reservation for those who plan to attend. He will also participate at a joint Medicine/ Pediatrics grand rounds and will present a PBL session for medical students. All EC members will receive a list of open sessions to allow attendance at those of interest.

Proposed Curricular Threads
Dr. Henson reported the Education Steering Committee is considering four potential threads, they would include nutrition, public health, infectious disease and service learning. Full discussion of the proposals will take place at the November 17th Education Council meeting. Drs. Kathryn Brooks and John Song chaired a Task Force designated by the Education Steering Committee (ESC), to review and consider the current service learning requirement. The Task Force also addressed how LCME views service learning and has developed a proposal for changes to service learning.

After reviewing their Report, the ESC decided to move it to the EC for discussion because it establishes a 4-year required thread for Service Learning, which could be a large commitment. The ESC felt EC members should weigh in on such a commitment, and the EC planning group determined full discussion of all aspects of proposed threads is necessary. The discussion will address the concept of threads and an opportunity to understand what implications they would have for resources. Dr. Henson noted the Service Learning Report in the packet is an executive summary and the complete report will be sent to EC members for review before November 17th meeting.

Dr. Kathryn Brooks stated there are two questions EC members should consider, i.e. whether this School should have a “required” Service Learning component or a component that is “available” in the curriculum. Dr. Brooks asked, if service learning is to be required, then over the 4-year curriculum how should it be structured and what should the projects look like. Dr. Henson stated that the Task Force has proposed an expansion and the discussion is important for curriculum planning. Dr. Rick Hoffman reported that Duluth has had required service learning projects and their plan is to expand them as a rural health scholar’s thread. They have discussed having group learning service projects that would be part of “learning communities” for groups of 10 students, organized as in-town learning service experiences. Dr. Hoffman noted the thread concept is consistent with the curriculum on the Duluth campus.

III. Discussion
Reports to the Education Council
Dr. Majka Woods noted that she was presenting information for Dr. Linda Perkowski regarding a proposal for Education Program Evaluation reports, which will allow data to be reviewed in a systematic manner by the Council. A series of reports (see chart) would be given, some annually and some a little less often. The Institutional data would be provided more systematically and frequently, with a preset schedule for more timely information sharing. As illustrated by the chart, to cover all reports it will require a brief monthly report (1 at a time) at each EC meeting. The proposal includes a framework for all reports; a template is part of the draft proposal. These items have been developed in response to discussion from a previous EC meeting and in response to member requests for a broader picture on how medical education functions. Drs. Perkowski, Hoffman and Woods have met and determined that Duluth will use similar reporting methods for activity on their campus. Dr. Miller added that the EC planning group requested changes in reporting to allow for understanding program goals and to be able to determine if outcomes have been met. Dr. Woods asked if the questions in the draft template meet expectations for the types of information Council members think will be helpful. EC members were also asked to comment on
whether a 3-year schedule for some reports allows for EC membership turnover. Specifically does the schedule make it possible for new members to hear information and to know the progression of changes that have occurred over time?

EC members requested the template be fleshed out to include some additional measurements. Their suggestions included the following:

- are programs meeting their mission and what resources are required; include LCME standards;
- determine short and long term outcomes for new programs;
- questions/reports should be directed appropriately and specifically to new programs and long standing programs;
- To allow for continuity and progressive outcomes to be reviewed, previous year’s annual report recommendations should be included for comparison; by reviewing questions, concerns and recommendations for previous reports it would be possible to understand how issues are resolved.
- assess how long programs took to meet goals for improved outcomes, what changes occurred over time and how long students take to achieve program requirements
- begin a process to determine how much each program costs

Clarify Policy Approval Process and Use of Consent Agenda
As requested by Dr. Aaron Friedman (EC Chair) Dr. Henson proposed using a “consent agenda” as a tool to make meetings more efficient. This would streamline actions with policy making processes and other EC business which has been thoroughly researched and discussed by the executive ECPC, other members of the EC and Medical Education professional staff.

The Consent Agenda is used to establish a set of actions and/or documents that need EC approval but which have completed the review and comment steps. Items for the “consent agenda” status might include approval of minutes, final approval of proposals/reports that have been reviewed and updated over time, routine matters such as committee membership, reports provided for information only, and correspondence requiring no action. Steps would include review of topics by the ECPC at the time agendas are developed, a list added as attachment to meeting agendas for circulation before the EC meets, the list and supporting documents included with agenda in meeting packet. Also at the beginning of each meeting a request is made by the chair for items members want removed from the Consent Agenda, adding them to the full agenda. Once a list is accepted, the chair states “if no objection these items will be adopted” and the approval is noted in the meeting minutes. Upon a motion duly made and seconded the proposal to add use of the Consent Agenda process to the monthly business of the Education Council activity, was approved.

After a brief discussion of specific circumstances that arise and cause graduation delays when Year 4 students register to take required clerkships in Period 8, it was determined by members there is a need for a policy to reduce how often this happens. Upon a motion duly made and seconded the proposed Policy Scheduling of Required Clerkships during Year 4; was approved by Education Council members.

The next Education Council meeting will be held on November 17, 2009

Approved by EC members November 17, 2009