Education Council (EC) Meeting Minutes

January 18, 2011

Members present: *S Allen, L Anderson, M Baird, J Beattie, B Benson, K Brooks, S Chahla, R Cormier, T Ebner, H Grothe, C Hegarty, K Hemesath, M Hordinsky, G Jacobs, A Johns, S Katz, J Kreuser, L Ling, B Marsh, W Miller, A Minenko, P Mulcahy, C Niewoehner, J Nixon, C Patow, L Perkowski, L Repesh, A Severson, R Sonnino, T Thompson, T Walseth, D Wangensteen, K Watson, P White, R Wong, M Woods*

Members absent: *B Brandt, K Crossley, L Hansen, R Hoffman, T Killeen, M Kondrak, , M LuBrandt, J Miller, D Power, L Ryan, T Stillman*

Minutes
November 16, 2010 Minutes were approved with no additions or corrections

Consent Agenda

Clinical Learning Objectives
Dr. Wes Miller announced the Clinical Learning Objectives, previously reviewed by EC members, would be approved by acclimation, unless members of the Council requested additional discussion at a future meeting,

Year 3/4 LCME Self-Study Committee's (LCME ED Subcommittee-Ad Hoc group) final version of the Clinical Learning Objectives, has been endorsed by the Clinical Education Committee.

Upon a motion duly made and seconded the Clinical Learning Objectives were approved by acclimation of the Medical Education Council members.

Information
Education Steering Committee (ESC)
Dr. Kathleen Brooks, Chair of the ESC, reported with Dr. Henson's absence the membership has changed. With the beginning of 2011 several new members have joined the Committee, the first meeting will be held on January 24th. Members have agreed to hold bi-monthly meetings on the first and third Mondays. Dr. Miller thanked Dr. Brooks for taking the post as ESC Chair and noted that new members will add a new level of important information to the LCME Self Study as related to oversight of curriculum and new innovations.

LCME
Dr. Linda Perkowski thanked EC members from both campuses who have responded to OME's request for data that is required for the LCME Data Base and ultimately will be used in writing the Self Study document. Members of the five separate subcommittees have begun to meet. She announced that the LCME Medical Student Subcommittee is further along than most of the Subcommittees and the EC student representatives reported that their independent survey is close to being ready for distribution. All currently active medical students will be asked to complete the survey. Dr. Perkowski commended the students on their work and the progress they have made. She noted that she will be contacting course and clerkship directors again to ask for clarification on the data that has been received and additional questions from the data base will require more information from them. With Dr. Friedman's new position as Dean, he will serve as Chair of the LCME Steering Committee and Dr. Gary Davis, the regional campus Dean, will serve as Co-Chair.

Dr. Perkowski reported on collaboration between the Duluth and Twin Cities campuses in completing the LCME Self Study. She noted Dr. Lil Repesh and Dr. Kathleen Watson have worked jointly to provide data and other general information to the Student Subcommittee members from both campuses. Dr. Richard Hoffman and Dr. Perkowski are continuing to work together to populate the Education Data Base. Dr. Roberta Sonnino and Dr. George Trachte have worked together on the data for the LCME Faculty Subcommitte. Patti

Mulcahy noted all subcommittees have a Duluth Co-Chair who works closely with their TC counterpart to complete their portion of the database. Dr. Arlen Severson is Co-Chair of the Educational Program Subcommittee. Dr. Watson reported that all subcommittees have 3 student members with 2/3 of them from the Twin Cities and 1/3 from the Duluth student body. Dr. Miller pointed out that collaboration between the two campuses is of great importance and will be more closely reviewed because in the previous Accreditation Self Study and Site Visit the Schools had just become one and were beginning the work of being aligned. His suggestion is to review all citations and concerns of the LCME from the previous site visit and revisit them on an almost monthly basis to be sure they are being addressed.

Scientific Foundations Committee Update

Dr. Catherine Niewoehner, Curriculum Committee Co-Chair and Scientific Foundations Committee Chair, reported that due to revisions in the curriculum some of the new courses have not yet begun, which has changed the review schedule for Yr 1 and 2 courses for the current year. The SFC has focused on broader issues which include the following; procedures for ethical violations are now in place, work to integrate courses, methods to track and recognize exceptional students, a policy requiring attendance at all small groups and labs, addressing course structure and integration across disciplines and development of methods to appropriately direct independent learning time (a newly established segment of each course). Recently the SFC has begun to look at assessment of the new courses; changes include shorter exams, how to integrate across disciplines in exam questions, changes to pass/fail criteria and how to insure competence overall. Identifying ways to track competence in components of integrated exams is an on-going effort and for students who have areas of deficiency, how to structure remediation and at what level is remediation necessary.

She noted the SFC continues to address how grading is to be accomplished in a way that fits with both the newly integrated courses and several courses that retain the former discipline specific format. Dr Niewoehner pointed out the tremendous amount of change that has taken place across Year 1 and Year 2 and commended the efforts of faculty to accomplish them. Facilitate communication smoother and faster between OME and SFC members and within SFC. Student members of the SFC have been superb members and made important contributions and with the first semester of the revised curriculum completed reviews of excellent student and faculty experiences are beginning to be reported. Dr. Wes Miller stated how important the horizontal integration is and the progress is a huge step forward. He noted that in the future it will be important to look at the vertical integration and how it will impact the clinical aspects of the program. He noted it will be especially important to discuss how this is going to be applicable to the real medical decision making of students in the clinical setting.

Clinical Education Committee Report

Dr. Cullen Hegarty, Curriculum Committee Co-Chair and Clinical Education Committee Chair, reported on activities of the CEC for the first half of this academic year. Annual Clerkship Director Reports are presented each month; to provide a snapshot of clerkship activity, their strengths and challenges. As reports are given, consideration for how LCME Standards are being met is discussed. Directors also discuss improvements to enhance student educational experiences and to match LCME Standards. The revised set of procedural competencies, completed by CEC members is ready for implementation across all rotations. An additional focus has led to on-going efforts to ensure comparability across sites, patient logs and some essential oversight from CEC as part of continuous quality improvement.

As a part of central oversight of patient logs from rotation to rotation, CEC members have explored how to use electronically centralize patient logs. Currently, each clerkship uses a log but tracking methods vary among clerkships and the goal is to create a standard method across rotations. The result will be assessment of each student's progress in meeting required patient encounters, which are core requirements for graduation. An electronic format will identify where deficiencies occur in each student's efforts to meet these required encounters. E*Valu is being considered as an electronic system to use for standardizing and tracking student experiences. In addition, Mark Hilliard, OME Instructional Design staff, will work with clerkship directors to standardize other aspects of their courses. Beginning in July, 2010, the monthly CEC meeting has an added standing Agenda item for students to ensure discussion of topics they want addressed. This change has brought

more student involvement at the meetings. Clerkship Directors attendance at the CEC meetings has also been a focus and CEC is considering a quarterly report to department heads to communicate the importance of clerkship directors' participation in the quality of the UMMS educational program.

Discussion

Program Annual Summaries

Flex MD/Dual Degree Programs

Dr. Kathleen Watson spoke about the unique educational opportunities medical students have access to through the Flex MD, the goal being to promote and cultivate independent learning and growth for students as they become doctors. Students participate in an academic project or experience linked to educational goals and the competencies, with measurable outcomes. They must be in good academic standing, have completed Step I (a new requirement) and they need to have an active faculty mentor. There are three phases of the program; application, the participation and the re-entry. Early planning and working with students to determine where their interests lie and what they want to accomplish is a factor in a successful experience. Many of the experiences are global and are closely partnered with the IMER Program. Dr. Watson noted that generally students participate in this academic experience between Yr-2 and Yr-3. The re-entry process has been refined to bring them back to the clinical portion of their MD Degree with a smoother transition. She reported that approximately 8% of a graduating class participates in the program as approved enrichment. Catherine Pastorius, MS-4 spoke about her recent experience and the impact it has had on her interests and plans for practicing medicine.

EC members discussed ideas for types of data that will be helpful for future evaluation, changes and improvements in the Flex MD program. Areas that could provide insight into the value of the program include:

- types of research scholarship that come out of this educational development program
- what should be tracked
- what outcomes would indicate quality
- best to establish goals and objectives in the beginning
  - what outcomes do they expect
  - review goals at intermediate point in time
  - a form of exit interview to determine if goals and objectives were met
  - how experiences effect career choices
  - on-going follow-up for long term feedback
  - what differences are present in individuals who participate
  - do participants move into leadership roles in their career choices later in life
  - what are trade-offs when re-entering clinical rotations
- Participants are self directed; possibility to replicate similar opportunities in the MD degree

Dr. Miller noted detailed information of the above suggestions may add to the improvements for re-entry. Ms Pastorius added that the Fogarty Foundation requires a 25-year research grant agreement for long term feedback to track all research that participants will ever do. EC members agreed with the recommendation to complete an annual review session with Flex MD participants to support collecting data for both longer term and short term results.

Status of the Curriculum

Dr Karla Hemesath presented the Status of the Curriculum annual report and noted that it will be available on the Evaluation Website within a day or so. Dr. Hemesath pointed out that program evaluation factors enter into the LCME Standard ED-42 which looks at a single standard for promotion and graduation. While Standard ED-46 looks at the collection and use of a variety of outcome data to demonstrate the extent to which our program objectives are met.

Dr. Hemesath reminded EC members that the Educational Program Survey is given annually to students entering Yr-3, in the fall semester. To the question asking students about their satisfaction with the basic

science education, 91% of Duluth and 88.9% of TC students indicated that they were satisfied or very satisfied. As follow-up for the small percentage who answered differently, there were regarding Yr 1 and 2 at TC campus the organization and coordination of Yr 1 and 2 course, the mass of information, number of instructors and the number of courses

Dr. Hemesath provided comparisons of USMLE Step I and Step II between the UMMS campuses and across national performance data. Also results of the Graduation Questionnaire that is completed by MS-4 will be available on the web site. For the current set of students access will begin on February 14th. She reported a dramatic increase in the numbers responding to the GA between 2009 and 2010 and that a great deal of effort is applied by OME to get students to complete their GQ. One unfortunate point is there were not enough Duluth identified students to get a separate set of data for that Campus, their responses were aggregated into the TC report. Students are asked to indicate a variety of items about both their basic science course and clerkships. A most pertinent question asks for their perception for how well their basic sciences courses prepared them for their clerkships. The scores were very much in line with the national averages with a few subject areas either slightly below or above. Clerkship ratings were aligned with the national average. Dr. Hemesath provided graphic information to illustrate these results. She noted that for the first time Student Services Staff points were noted in these result and Scott Davenport was named by a number of students.

For areas of improvement the following areas were noted:

- clinical relevance of basic science material
- coordination and organization of year 1 & 2 material is a theme
- concern about clerkship grading for the variability and lack of consistency
- wanting more anchors and standards for clerkship performance assessment
- clerkship scheduling and guidance, they prefer more anticipatory guidance to feel prepared
- cost of tuition
- leadership change and the manner of communication

Dr. Hemesath reported that the Residency Match information is also a part of assessing the program. Drs. Woods, Perkowski, Hemesath developed a list of questions for residency program directors who have over time frequently selected UMMS graduates as residents. Responses were very positive and several indicated they specifically look for UMMS graduates. Some of the most competitive residency programs use Board scores and academic performance as screening criteria to select interviewees. Regarding questions about MSPE use, some programs need additional levels of context; as in comparison with peers (i.e. class rank). The addition of faculty advisors was well received and program directors welcomed that they will know the students they represent in the MSPE. Surgery has suggested a surgical track clerkship for MS-4 before application for residency. Dr. Hemesath noted there is 1 elective that provides this experience, but offering it for everyone is cost prohibitive. She noted that the residency match data is located on the EC website and will be added to the report

Gaps that exist in the LCME program evaluation priorities that need addressing are; tracking and documenting of duty hours, new elements of faculty advisors, critical thinking cases , and focus groups will be reinstituted to help fill gaps in data collection. Attempts to streamline the annual course reporting processes are in the works. And efforts for on-going tracking to gain long-term outcome data are important. The pilot project with residency program director interviews may be used to develop a questionnaire for collecting PGY-1 data.

Dr. Miller asked about a response to the Graduation Questionnaire and the difference between Duluth and TC numbers of graduates responding. Dr. Perkowski noted that this had never occurred in the past and that there may have been a problem in the coding. The point is to make sure that students identify themselves in their responses. Regarding statistics for how many graduates received their 1st choice in residency placement; medical schools are not allowed to ask for those results. MSPE guidelines are set by the AAMC and the components of the MSPE are specified, but each program interprets what they use to complete the categories. Approximately four years ago, EC members discussed the format and decided not to use certain elements of

evaluation in completing the MSPE. Residency program directors have to develop their own way of using the information because MSPEs vary greatly from school to school. Programs consistently look for red flags as in gaps in courses, trends across 4 years, and comments from clerkship evaluations.

Next Education Council Meeting – February 15, 2010