

## Education Council (EC) Meeting Minutes

September 20, 2011

**Members present:** L Anderson, M Becker, J Beattie, K Brooks, H Grothe, C Hegarty, S Katz, B Marsh, W Miller, P Mulcahy, C Niewoehner, A Severson, T Thompson, D Wangensteen, K Watson, P White, M Woods

**Members absent:** S Allen, M Baird, B Benson, B Brandt, B Clarke, R Cormier, K Crossley, T Ebner, K Hemesath, G Jacobs, A Johns, T Killeen, L Ling, M LuBrandt, J Miller, A Minenko, J Nixon, C Patow, D Power, L Repesh, T Stillman

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### Minutes

August 16, 2011 Minutes were approved with no additions or corrections.

### Update

#### Leadership Changes

Dr. Kathleen Watson, Sr. Associate Dean for Medical Education provided an update for the UME administrative and operational reorganization. Changes to the structure are directly relevant to what need to be accomplished in the immediate future:

#### **Priorities**

- LCME self study and accreditation
- Rollout of the new curriculum & assessments
- Student Advising and Resources
- Evaluation

#### **New Roles in OME**

- Already hired
  - Evaluation specialist, Sophie Gladding, PhD 20%

#### **Recruiting**

- NEW Assistant Dean for Curriculum, Scientific Foundations 25%
- NEW Assistant Dean for Assessment, Curriculum and Evaluation 100%
- NEW Director of Student Resources
  - Manage Office of Students and Student Learning
  - Communicate with and advocate on behalf of students

#### **New roles**

- NEW** Lead Academic Advisor, 25%, Ted Thompson, MD
- NEW** Senior Associate Dean for UME, Kathleen Watson, MD,  
(85% leads UME on both campuses)

Dr. Watson reiterated the need to address the priorities (see above) immediately without delay as part of preparation for LCME. Also with the curriculum is in its 2<sup>nd</sup> year of revision, aspects of changes to courses and assessments require added scrutiny and guidance. Dr. Alan Johns gave a summary of Duluth's hiring process; most importantly searches are taking place as everyone is also preparing for the Mock Site Visit. Department Head searches for the 2 recently reorganized Departments are a priority. Due to recent retirements, Dr. Johns reported they are working closely with St. Mary's Hospital for part time clinical faculty and TC faculty along with Dr. Ebner will provide teaching for a portion of the curriculum.

### LCME

#### Mock Site Visit

The Mock Site Visit Team will include 3 members who have now received the Executive Summary and the Database for review before they spend time on the Campuses, October 3<sup>rd</sup> – 5<sup>th</sup>. The Conclusions document (see attached) identifies UMMS degree program's Strengths and Concerns. The LCME Database deals with

the detailed responses to the Standards. The upcoming 3-day sessions will include questions, answers and discussion of the information found in the database. The Executive Summary will also be reviewed; changes and additions are expected as part of the follow-up to the Mock Site Visit.

## **Discussion**

### **Annual Program Reports**

#### **Admissions**

Associate Dean for Admissions, Paul White began with details of outcomes for Duluth Admissions and graduation. He reported that Duluth is first in the nation for educating rural physicians, 48 ½% of graduates practice in communities with populations under 25,000. They are second only to Oklahoma in graduating American Indian physicians (includes TC). Duluth's admission process looks for applicants from small communities, which has been a predictor they are likely to practice in smaller community/rural settings. The graduating class of 2011, overall 70.4% of their students matched in primary care residencies, with the remainder matching in specialties.

Paul White reported for the TC, indicating the increase in applications received here over the last 10 years has doubled. In comparison with the overall applicant pool, the percentage of Minnesota residents appears low, but of approximately 900 Minnesotans who applied to any medical school, close to 800 of them did apply to UMMS. GPAs and MCAT scores for students matriculating at the Twin Cities have continued to trend upward since 2001.

In the Annual Summary, the Associate Dean points out a high level of success in meeting Admission goals for each campus. Jointly Admissions staff in Duluth and the TC work together to refine their selection processes, increase diversity and in meeting the goals of the overall Medical School. On both campuses applications continue to increase at a rate higher than the national average, percentage of student choosing primary care and family medicine exceeds the national average and the number of graduates selecting rural practices site is much higher than the national average. Planned changes for next year includes a review of the current prerequisites (adopted in 2007) will take place, continue to collaborate across both campuses and develop a new admissions brochure to increase the visibility of Duluth and other programs within the Medical School. He spoke about the MN Future Doctors program and the success it has had in improving diversity in the UMMS student body.

A number of the MN Future Doctors participants have matriculated at other Schools, i.e. University of Washington at Seattle, Case Western, University of Michigan, Mayo, Yale and Mayo. The biggest reason for their decision not to attend UMMS is the level of funding they receive at other programs. The success rate of the Future Docs program in preparing students who previously would be considered unqualified for medical school is very high. Individual success in receiving funding at highly ranked schools is diminishing our School's ability to retain these diverse students. Dr. Jo Peterson has accomplished a high degree of success in directing the program. Dr. Alan Johns noted the number of "underrepresented in Medicine" is a concern, he suggested added efforts may help increase the numbers accepted. Paul White noted that funds to support tuition and living expenses to the students in MN Future have been offered by six medical schools. Their funding far exceeds what UMMS can provide; these circumstances are a major reason for slow growth in matriculating a more diverse class.

Dr. Miller spoke about changes to the admission prerequisites and asked how those attributes related to interest in the human side of medicine were being identified. Paul White responded that Duluth began using the criteria several years ago. For the TC program last year was the first time they were applied and the Admissions Committee created a metric to develop questions related to these prerequisites. The interviewers asked questions based upon the selection criteria and scored how applicant responses fit. The Executive Admission Committee (EAC) decided to work on the process this past summer to improve the questions to better fit the criteria. From the reports he receives from faculty they feel students have a more humanistic interest. Dr. Miller noted that as the criteria are reviewed and possibly changed there has to be clear information or whether they are working. The Task Force will look at the results once there is data available for two years and the revised curriculum is fully implemented at the end of 2011-12. The multiple mini

interviews were discussed and it was concluded that the Task Force would first review the affect of the new prerequisites before considering additions or changes to the current Admissions process. Paul White talked about the LCME Standard for MS 43 which states there will be one body responsible for schools with more than one campus for admission decisions; which was just implemented last year. The AEC is in its second year of operation and requires additional time before adding new steps to the process. The multiple mini interviews require a large number of interviewers with some schools using as many as 150 interviewers. They are using other methods (i.e. Skype) to do preliminary off-campus interviews. Dr. Johns feel the joint admission process is working well. There was a short period of adjustment that occurred at the outset of the new AEC process, but the results were very good. Dr. Miller noted that of the 3000 applications and the 400 candidates, only 1 individual recommended for admission was rejected by the AEC.

### USMLE Step I, 2CK, 2CS

Dr. Marilyn Becker presented data on the USMLE Step I pass rates for Duluth and the Twin Cities, with comparison for US and Canada results. The data is provides scores for the past ten years. The pass rate for Duluth is 93% students and for 98% for TC students. They are performing well on the exam; 110 students have taken it with 1 student from Duluth and 10 students from the Twin Cities whose scores have not been received. Dr. Becker thinks the pass rate for each will go down by a point or two once all scores are reported.

Dr. Miller pointed out the low pass rate Duluth experienced in 2010 has self corrected and isn't of concern in the current year. Dr. Johns reported that Duluth students and faculty took initiative and made several changes in helping to prepare and improve performance on Step I. Drs. Hoffman and Trachte spent time working with students and faculty to educate them on the exam. Faculty attended an exam writing seminar taught by Dr. Wangenstein and exams are now jointly reviewed before they're given. Also a large number of students have taken the Drs in Training (a Board Review course). Duluth faculty will continue to take extra measures to make students aware of the importance of the exam. Dr. Becker reported that from a learner's perspective students have expressed their appreciation for the extra efforts taken by Duluth faculty. Dr. Becker reviewed the mean scores for the period of 10 years, noting trends toward scores above the national mean passing score. After a brief discussion she noted the National scores for the year are not available until October; the minimum pass score has increased over time and the exam is criterion referenced.

Dr. Majka Woods reported on the score distribution by subject areas within the exam. This is in regard to concern that UMMS students results have dropped below the national mean on subject areas. Dr. Woods found that the subject area scores are well within the range of acceptability. She identified a few instances where there have a few areas below for Duluth data for last year; she felt it would be helpful for Duluth to look at their 2010 results. There were two subject areas previously that were more than ½ a standard deviation below the national mean. For the Twin Cities, Behavioral \_\_\_\_\_ were consistently above the national mean. Over the years scores are well within the range with no areas consistently lower. Dr. Woods noted while it is possible to more statistical data analysis, it isn't warranted based upon this data.

Annually UMMS receives data for how many students have tested, how many have passed, the cumulative National Mean, the Duluth and TC mean (for each campus), a comparison and information on the standard deviation. Over all there are a number of areas that are consistently slightly below the mean, but only at .1% of a standard deviation below the mean. Dr. Miller pointed out that to drill down in to the data is very labor intensive and yields very little usable data. Dr. Becker noted that some categories represent more than one subject area and questions are weighted depending on how many subject areas are covered. With regard to curricular changes there isn't any conclusion to be drawn from this data, but will be considered when the current MS-2 exam scores are available. Dr. Woods reported that there are 22 areas tested and we are again at the .1 standard deviation below the national mean. For the Step II CS UMMS students have consistently scored at or above the national mean.

### **Information**

Dr. Thompson referred to the Minnesota Daily article of September 19, 2011 regarding UMMS student performance about which Dr. Woods and he ask were asked questions. There were some data quoted in the

article that isn't made public and concerns were expressed about the reporter's source. Laura Stroup from AHC Communications recommended referring any request for an interviews or information directly to them. Dr. Miller reported there have also been occasions in the past when private data has been used and misquoted in articles without the Medical School releasing information.

**Next Education Council Meeting – October 18, 2011**