**University of Minnesota Medical School**
**Education Council Minutes**

October 18, 2011
B646 Mayo
4:00-5:30 pm

| **Council members present:** | B Marsh | **Council members absent:** |
|---|---|---|
| L Anderson | J Metzger | S Allen |
| J Andrews | W Miller | B Brandt |
| M Baird | A Minenko | K Crossley |
| J Beattie | P Mulcahy | C Hegarty |
| M Becker | C Niewoehner | R Hoffman |
| B Benson | D Power | G Jacobs |
| K Brooks | A Severson | G Jacobs |
| B Clarke | L Stroup | J Miller |
| J Clinton | T Thompson | J Nixon |
| R Cormier | K Watson | C Patow |
| T Ebner | P White | L Repesh |
| H Grothe | M Woods | T Stillman |
| A Johns | | |
| S Katz | | |
| T Killeen | | |
| L Ling | | |

| **Action Topic** | **September 20, 2011** | **Action** | **Responsible** | **Date** | **Final** |
|---|---|---|---|---|---|
| Annual Program Reports – 9/20/11 | **Admissions Changes*** <br> -review of the current Admission prerequisites (adopted in 2007) <br> -good collaboration across both campuses <br> -Duluth/TC develop brochure to increase visibility of Duluth and programs within M.D. Degree <br> -Admissions Executive Committee (AEC) formed in 2010 to review all | **No action** | Admissions Executive Comm. | 2011-12 | no |

| | | | | | |
|---|---|---|---|---|---|
| | applicants, both campuses<br>**Changes to Admission Pre-requisites** -<br>-The 2007 Admissions Task Force looked at student outcomes data -faculty feedback indicates students have more humanistic interest in medicine<br>-before criteria are reviewed again, student performance data is needed to determine if the new criteria are effective<br>-multiple mini interviews discussed<br>-MCAT will be changing to the MR5 format in 2015, so the medical school must review our admissions criteria | | | | |
| | **October 18, 2011 EC Meeting** | | | | |
| **Minutes** | Reviewed for September 20, 2011 | Approved | | Oct, 2011 | Yes |
| **Topic** | **Discussion** | **Action** | **Responsible** | **Date** | **Final** |
| **Info** | Introductions – New EC Members: Dr. John Andrews, Dr. Joseph Clinton were selected by members of the Council on Clinical Sciences<br>Dr. Joseph Metzger selected by members of the Council on Basic Sciences | **completed** | **NA** | 10/11 | yes |
| **LCME** Mock Site Visit Follow-up | Strengths<br>• overall quality of our public university medical school<br>• top ranking public univ. in rural and primary care training and in NIH funding<br>• admired and applauded the educational objectives and domains of competency<br>• new curriculum on both campuses (1 team member visited Duluth)<br>• responsiveness to medical students<br>• faculty advisor systems and focus on professionalism on both campuses<br>• dedication of faculty to medical education, students are strong and have pride in the School<br>• RPAP experiences<br>• cultural diversity experiences in Duluth<br>• flexible MD programs<br>• progress on integration between campuses of the Admissions processes with the addition of Admissions Executive Committee (final decision- all admits) | On-going | UMMS administration, LCME Steering Comm. | Dec 2011 | Site Visit Mar2012 |

| | | | | | |
|---|---|---|---|---|---|
| | • quality of and availability of research experiences for students<br>• IT groups-specifically the database management developed and implemented in Duluth, shared with TC for implementation<br><br><u>Weaknesses:</u><br>See the electronic version (attached) for annotated document (computer Mouse to hover over points -link to in depth review.<br>• central oversight of the curriculum – currently too complicated, not transparent<br>• IS-11 many changes in leadership – who is in charge?<br>• ED-30 & 31: we need new policies to bring grade reporting for clerkships into compliance (4 weeks required by LCME)<br>• system is required to monitor clinical experience for gaps (evaluate data to identify priorities) results lead to curricular changes in clinical rotations --UMMS previously cited<br>• Provide mid-rotation evaluation for all courses (all students) to identify problems/gaps with enough time remaining to correct problem(s).<br>• Process for evaluating gaps in clinical courses ready to implement (PX DX System) -will improve monitoring, replaces current paper records). Due to previous citation – risk is relative to progress achieved by December, 2011<br>• Residents as teachers –provide substantial % of teaching, their orientation must include the Domains of Competencies, course learning objectives, methods for teaching, and skillful methods for feedback to students. Documentation of orientation and training requires tracking, GME will also participate<br>• Lounge, study and group space; <u>at risk due to previous citation</u>; budget established to improve Computer lab; Student Council developing plans to rework the Adytum to address deficiency<br>• Required for every course and every student: Yr 1-4 on both campuses; narrative description/ summary statement for their learning experience and outcomes achieved<br>• Adequate clerkship sites; students dissatisfied with the scheduling of electives and away rotations (Thompson, Fritts, Watson are addressing and working with Student Council); some sites have eliminated slots<br>• Duluth – number of faculty, previously cited, there is a hiring plan in | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | place and active searches in progress; there is risk of citation;<br>• Regards to joint Dean and Vice President for AHC; under review by Regents<br>• IS-16 understanding and demonstrating diversity as it exists in the State of MN and how it affects our contribution to diversity -- potentially educationally disadvantaged individuals, very small community residents, refugee groups and immigrants); develop definition of diversity that also meets our mission (medical school specific); also look at level of diversity of faculty | | | | |
| **Topic** | **Discussion** | **Action** | **Responsible** | **Date** | **Final** |
| ***LCME*** | **Grading Policies --ED 30 and ED 31** | | | | |
| | **To address deficiencies in UMMS compliance with Standards ED-30 and ED-31** (see attachments).<br>Proposed policy for Mid Course and Clerkship Feedback, includes LCME language (from Standard,) stating "Each course and clerkship must assess and provide formal mid- course and clerkship feedback to every student, early enough to allow sufficient time for remediation". Most clerkships do mid-rotation evaluation, the proposed Policy establishes standard documentation across all courses. One point of discussion emphasized by the Mock Team states if not documented it didn't happen. EC Chair recommends proof of evaluation is paper or electronic to establish record of consistency across all courses and clinical sites. With agreed upon amendments, a motion was duly made and seconded; members voted to approve the Mid Course and Clerkship Evaluation Policy.<br><br>**Year 3 and 4: Course and Clerkship Grades (timelines of submission)**<br>LCME requires all final course and clerkship grades be reported within four weeks of the end of the course and/or rotation. At that point a snapshot report of final grade status is created to illustrate compliance with this Standard that student grades are reported by this deadline. Within the Standard a 2-wk grace period exists. Full compliance requires documented reports (snap shot) at the end of the 4th week; follow-up reports at five weeks and six weeks to document all previously missing grades have been submitted. Policy applies to all courses and clerkships. With agreed upon | Policy review<br><br>Policy review | EC members<br><br>EC member | **Oct 2011**<br><br>**Oct 2011** | **yes**<br><br>**yes** |

| | | | | | |
|---|---|---|---|---|---|
| | amendments, a motion was duly made and seconded and members voted to approve the Course and Clerkship Grades (timeliness of submission) Policy. | | | | |
| **Topic** | **Discussion** | **Action** | **Responsible** | **Date** | **Final** |
| ***Education Steering Comm Proposal for Central Oversight of the UMMS Curriculum*** | Education Steering Committee Report (ESC)provides an overview of proposed oversight and governance of the curriculum. The Mock Site Visit team asked individuals (faculty) questions regarding curricular oversight including the following:<br>• process for course changes<br>• monitor CQI<br>• responsibility for decisions on curricular matters<br>• how review is done to ensure comparability across both campuses<br>• how integration is determined across courses and across campuses<br>• who reviews horizontal and vertical integration<br>• which body approves changes<br>• how do multiple committees fit together<br>• which responsibilities are charged to which committees<br><br>The proposed organizational chart is in response to changes needed to comply with LCME Standard ED-33 which requires:<br>"Integrated program evaluation of data ( performance data by students , performance data by courses, as demonstrated by surveys, examinations….<br><br>See attached documents for organizational structure and individual committee responsibilities:<br>Through the proposed structure Medical Education can better coordinate, with the ability to triangulate, all of the data across the curriculum for a more comprehensive understanding of where changes are required and where excellence is being achieved. | changes to the comm. structure and function | EC Membership | Oct 2011 | **No** |

**Next meeting, November 15, 2011**