

Education Council (EC) Meeting Minutes

February 21, 2012

Council members present:		Council members absent:
S Allen	T Killeen	M Baird
L Anderson	J Kreuser	J Beattie
J Andrews	B Marsh	B Brandt
T Baultripp	J Metzger	K Crossley
K Brooks	W Miller	T Ebner
L Carson	A Minenko	G Jacobs
J Chipman	P Mulcahy	J Miller
B Clarke	C Niewoehner	C Patow
J Clinton	J Nixon	T Stillman
R Cormier	D Power	L Stroup
J Eck	L Repesh	J Valesano
S Gladding	A Severson	
H Grothe	T Thompson	
C Hegarty	G Trachte	
A Johns	K Watson	
S Katz	M Woods	

Consent Agenda (actions and results)

Policy actions: The Seven Domains of Competence were reaffirmed without changes or additions. The following three policies, Reporting Grades on Transcripts, Secure Exams and Clinical Course Grades were removed from the Consent Agenda, revisions were discussed by EC members. A motion was duly made and seconded, in which EC members determine it would be acceptable to post the policies for the time being. The agreed upon revisions will be made and the policies will again be placed on the Consent Agenda for action.

Minutes

January 21, 2012 Minutes were approved without changes or additions

Annual Program Summary

State of the Curriculum

Dr. Majka Woods noted a summary would be provided as the data being used is from AY 2010-11 and over time has been presented in different meetings to some or all of the education committees. Typically this would have been reviewed during the Fall in October or November at an EC meeting. Because this data is from the previous year, some areas of concern have been resolved and through information the EC membership has been informed and/or may have become directly involved in determining the solution.

The Report includes TC and Duluth data, contributors include Whitney Donigan, Dr. Sophie Gladding and Leslie Anderson. In AY 2010-11 on the TC campus Year-1 courses were integrated into two separate courses. The Year-2 courses were integrated into four courses, Human Disease 1-4. A new clinical course, Essentials of Clinical Medicine was begun, while the Society and Patient course and Physician and Patient courses were phased out. This was the first year on the TC campus that a variation of problem based learning through Foundations of Critical Thinking (FCT) course was implemented. The calendar was changed in a significant way by adding Independent Learning Time, leaving open unscheduled protected time for students to use for class preparation, at their discretion.

In Duluth the Black Bag was introduced as the Learning Management System. They had a newly designed Year-1 curriculum; they phased in their revised curriculum using two phases. A revised Year-2 was introduced

in 2011-12. Duluth expanded the curriculum to provide more time with rural preceptors. And an integrated organ based system that was revised to include more clinical experiences and new inter sessions between their scientific foundation courses. The curriculum at both campuses underwent significant changes over 2010-11.

In considering the data Dr. Woods reported that the full impact of the changes will not be seen for several years because of the phased aspect of the curricula for TC and Duluth. She asked also that the data be viewed as a work in progress.

For both campuses students report increased opportunities to self assess, participate in more active learning and increased awareness and appreciation for their own clinical experiences. These attributes are a focus for what the new curricula are striving to accomplish and the data indicates this is occurring throughout evaluations presented in the Report.

A number of emerging themes came out of student evaluations and analysis of the data shows that the integration needed improvement (this was a known at the end of 2010-11). Faculty are including more active learning sessions in 2011-12 in response to the data. Students have recognized this and appreciate the changes in both Year-1 and Year -2. Their responses also indicate they are asking for more standardization across courses. Improvements in facilities are priorities for change that are shown in student feedback. Feedback from students who were in clerkships is included; this has been on-going in 2011-12. A learning management system as a tool for integration was shown to be a high priority in the available data and currently that has been addressed.

The triangulated data in the Report indicates students leave UMMS feeling confident about their learning environment and prepared to be physicians. In comparison with national assessments UMMS students usually perform at or above the national mean on nationally standardized tests. There is an aberration in the Duluth data that has been discussed in the past. Duluth students have moved ahead with improvements in preparation and performance on national exams. Match results indicate that UMMS is producing competitive candidates in the workforce. Dr. Woods concluded overall these are the high lights. Internally this data has been used to advise and to work with course and clerkship directors on course structure, goals and objectives and integration across the curricula and campuses.

Topics of discussion included the following:

- Student mistreatment may be better represented using the actual number of incidents rather than a percentage to be more representative of actual cases.
- USMLE data for Duluth students- additional preparation includes increased active learning opportunities and added preparation and guidance
- on the Duluth campus more students come from educationally disadvantaged and under privileged backgrounds than in comparison with the TC students, performance in clerkships for student results are indistinguishable with equivalent performance
- For comparison data of clerkships, suggest altering the graphical comparison with the scale centered at 2 with the left side at 1 and the right side at 3
- the scale should not go below one, as one isn't a possibility
- to validate assessments institutional assessments are in pilot phase and data shown includes Milestone 1 and the CBSE
- Student Assessment Committee will look at how the data will be shared, who has access and at what forums.
- electronic version of the State of the Curriculum Report has been distributed to EC members, a URL will be made available for easy access

Dr. Watson asked if there are any outliers in the data and if so how does the Council want to use the data and is there agreement about thematic analysis about strengths, weaknesses and overall outcomes? Dr. Brooks, Chair of the Education Steering Committee, asked if it is worth discussing whether the question “does it reflect student expectations” and if so how has that been established with our students. Dr. Gladding noted there are a

range of responses to the questions regarding autonomy, which suggests the answers are related to student expectations. Additional areas were identified by the clerkship directors and significant improvements have been achieved for those areas. Feedback from MS-3 representative indicated the lower ratings may be somewhat related to whether the clerkship is required or an elective. Dr. Watson offered that after triangulating the student response data it appears that a specific area requires the greatest need for improvement.

Drs. Woods and Dr. Gladding have discussed whether the UMMS evaluation questions ask the questions we want asked. The current evaluations were developed about 5 years ago and were designed to help reduce the number of questions students are asked (if too long students will not complete them). The evaluations will be brought back to the course and clerkship directors for revisions as a priority before the beginning of AY 2012-13. Based on comparison across clerkships a substandard experience for our students does exist. Dr. Watson offered that triangulating the student response data has been helpful in identifying areas that need improvement. Additional input included the following:

- A request to include the mission and goals in the Curriculum Report. Otherwise it appears improvement and change will be driven solely by surveys.
- Indications that clinical relevance is both a strength and need improvement in the basic science portion is confusing. Response: the Report contains feedback without the administrative subjective point of view
- course directors suggest this is an area to review closely in the data for 2011-12 in the detailed responses from students balanced by course goals
- For clinical reporting it may be a better indicator if clerkships are compared nationally rather than to each other in our program.
- if clerkships are performing at a lower % on the national scale it may indicate improvement is needed
- lowest rating shown is “meet expectations” and all clerkships are above the low bar

As an anecdote offered regarding application of Black Bag, Dr. Woods reported that recently a faculty member was applying for a grant and asked where pain management was taught in the curriculum. Through use of Black Bag’s search engine Brad Clarke used “pain management” to search the existing database and found (due to the work of all course directors in submitting their course and session objectives he was able to identify there are 47 instances where “pain management” exists in the curriculum for years 1 and 2. The Google search allowed Brad Clarke to provide the data within ½ hour. This is the type of search faculty should find useful with implementation of Black Bag. EC members noted that this would not have been possible six months ago. Dr. Woods noted it is exciting to experience the success of the tool developed in Duluth and that its application for the TC curriculum looks to be effective.

LCME

LCME Preparation

Dr. Kathleen Watson reported she had visited the Duluth campus in February and their review of areas of the LCME Self Study went well. She thanked the EC members from Duluth administration, the faculty and staff for their hard work. Dr. Gary Davis, Sr. Associate Dean for Duluth and Dr. Alan Johns, Assistant Dean for Medical Education and Curriculum-Duluth, will attend many of the sessions on the TC campus and then will return to Duluth for the Tuesday sessions.

The 3-day Site Visit Agenda (see meeting packet) includes Monday as a full day with five LCME Team members on the TC campus and will concentrate on review of the Educational Program, specifically to over the curricular design and implementation. The day a number of different groups, i.e. Library and Information Resources staff, Course and Clerkship directors for the entire program (Years 1-4), a student lead tour of facilities, lunch with MS-1 and MS-2. On Tuesday two Team members will visit the Duluth campus, which will be a repeat of the sessions held on the TC campus (on Monday). Tuesday on the TC campus will include meetings with the Basic Science and Clinical department heads, Division of Pediatric at Amplatz Children’s Hospital, lunch with MS-3 and 4, meet with Medical School Finance. Throughout the 3 days other programmatic meetings will include staff from Minority Affairs, Financial Aid, Admissions, Director of

CAIMH- Dr. Dorscher, Faculty Advisors, personal counseling staff, graduate programs in research and Special Programs (dual degrees, etc), junior faculty, Dean Friedman and President Kaler.

EC members who are participating in any of the above sessions are encouraged to read the Executive Summary (35-page summation) to help prepare them for questions and areas that the Site Visit Team will be reviewing. She provided a short version of the likely areas of concern and previous citations. Dr. Watson noted all questions and topics covered by the Team are determined by LCME and cover random areas of data found in the Self Study, she encourage any participants who have a specific interest to search our LCME Database for information provided for the review. The Team will triangulate information gathered from their meetings with different groups, with data provided in the Self Study to prepare their recommendations which are forwarded for review by the accrediting body.

Dr. Watson noted the week of March 12-16, while the Site Visit is taking place, will be one of high activity. It includes Spring break, the Pre-Match Day Retreat, Match Week (SOAP is a new process) and a holiday for the University of Minnesota-TC staff.

At the April 21st EC monthly meeting, Council members will receive a “briefing” of the information available from the Site Visit results. Dean Friedman will receive these preliminary findings from the Team when they have their exit meeting with President Kaler, on Wednesday, March 14th and he will share them with Medical Education administration for distribution.

Next Education Council Meeting – March 20, 2012