

Education Council (EC) Meeting Minutes
October 16, 2012

EC members present:	W Miller	EC members not attending:
L Anderson	C Niewoehner	M Baird
S Allen	J Nixon	B Brandt
J Andrews	J Pacala	L Carson
T Baultripp	J Peterson	J Chipman
J Beattie	D Power	B Clarke
Z Beatty	Mark Rosenberg	J Clinton
K Brooks	C Sautter	K Crossley
R Cormier	L Schimmenti	J Eck
A Duran-Nelson	A Severson	K Johnson
T Ebner	T Thompson	J Metzger
C Hegarty	G Trachte	J Miller
G Jacobs	G Vercellotti	C Patow
A Johns	K Watson	T Stillman
S Katz	M Woods	J Valesano
B Marsh		

Education Council Minutes, October 16, 2012 <i>More detailed discussion is available by request for the 10/16/12 Meeting Synopsis</i>	Action Date	Final
September 18, 2012 Minutes were approved with no additions, corrections or changes.	Oct 16, 12	yes
<p>Information & Updates</p> <p>The Anatomy Memorial will be held on Monday, November 12th at 7:00 pm. Dr. Miller noted this is an important demonstration of gratitude and recognition by medical students and the School for the contribution made by those individuals and families who donate their bodies for teaching purposes and for medical research. Dr. Miller posed a question to MS-3-4 students asking if they felt there was a proper level of respect and attention paid to this event. Zach Beatty MS-4 noted that students don't know very many faculty at the point (Fall Semester of Yr-1) they do recognize that all faculty who are involved in teaching Anatomy do attend. EC members expressed the service is more directed at the donors' families. More widely publishing would allow those not involved in Anatomy to attend if they chose. Dr. Miller will announce the date at the week Clinical Chiefs meeting.</p>		
<p>Annual Summary Reports</p> <p><u>Key Policy Review: Year 1 and 2 grading policy</u> Dr. Kathleen Brooks provided a review of steps taken by the ESC (at EC direction) during AY 2011- 12; she noted three key points with respect to the agreed upon Grading Policy 1) students are required to pass a final exam at 70% or better, 2) pass at 70% the compilation of the total points the course overall and 3) the adoption of "H" in the TC as part of the process to equalize grading across both Duluth and TC campuses (P, F, H). The change also addressed areas of compliance with LCME standards to demonstrate collaboration for comparable assessment across both campuses. The ESC considered (Duluth/TC members) this at length and a great deal of</p>	Action Date	Final

<p>work was done by course directors to implement the policy. The ESC reconsidered the grading policy 1 year after implementation, they considered the following:</p> <ul style="list-style-type: none"> • grade history data by course was reviewed (both Duluth & TC) includes integrated courses • overall the data didn't show increase in % of student failures over time • data didn't lead ESC to make significant recommendations based on course history • new grade criteria established all students with 1 failure will appear for scholastic review • COSSS-TC and SSC-Duluth members were queried; results indicate more students were reviewed for academic progress. • Members of both COSSS and SSC found this to be an appropriate process for failures. • provided for early identification of possible need for remediation • SFC student representatives brought student concerns forth to committee discussion • Concerns were expressed (TC campus) that delay in communicating the policy changes for "H" early in the admissions process, might disadvantage incoming F'12 MS-1 • ESC held further discussion, determined the number of students opposing "H" wasn't a large number, that faculty were becoming familiar with the "H" designation and was more consistent in defining the "H" grade criteria in their syllabus. • Initially Duluth faculty expressed concern that result of change from norm referenced to 70% as passing for criterion referenced scoring, would be a higher failure rate. • Evidence is available that medical student well-being is better when P/F grading exists; faculty concerned adding "H" grade adds a negative level of competitiveness. • Important to find balance in emphasizing grading and achievement in Yr 1 & 2 courses. • Quality of exam questions and exam structuring was discussed, noting some faculty are unwilling to change style of questions. • Course integration has changed how exams are constructed with a variety of methods used create exams. • Duluth faculty/students are mixed in their opinions for 70% criterion referenced grading • the grading policy does seem to be working as students are meeting the 70% requirements • secure exams allow development of a question bank and poor questions will be dropped • There are variability's in application of the "H" grade criteria and with criterion based grading the percent of students achieving honors can vary year to year. • NBME subject exam reviews have helped expose more faculty to accepted exam question formats and consistent methods of creating MCQ. • Discussed whether all classes need to have the same policy, i.e. use "H" grade, ECM for example has a course design that doesn't adapt well to higher levels of performance. <p><u>A motion was duly made and seconded to accept the ESC recommendation to the Education Council for the Grading Policy to remain the same for the next year 2012-13 followed by steps to re-evaluate; secondly to include a recommendation from Education Council for ESC to consider whether some courses should be exempt with use of a P/F (only) grade scale for some Duluth and Twin Cities courses (specific course to be determined).</u> The motion passed with no objections or changes.</p>	<p>Action Date Oct. 16, 12</p>	<p>Final Yes</p>
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	Action Date	Final
<p><u>EC: role and responsibility for moving work groups and projects forward</u></p> <p>Dr. Miller spoke about tasks and projects assigned to Ad Hoc groups and the need to explore how to move projects to completion in a thorough and timely manner. What steps can Education Council take to assist in the process to maximize Council member efforts and results. Dr. James Nixon spoke about a project currently in progress, the Integrated Work Group (IWG). The Group was charged to look at integration across Years 1-4 with a focus on basic and clinical sciences. Specifically how to institute more basic science in Years 3-4 and more clinical science in Years 1-2. Initially the charge was given and participants were named in early summer 2012, work was delayed, some of the issue are listed here:</p> <ol style="list-style-type: none"> 1) student participants were finalized in August 2) due to complex schedules for 10-12 participants it was difficult to set earlier dates 3) summer vacations were part of scheduling delays 4) initial meeting was to formulate the process 5) charge was a challenge to define (consensus was slow to establish). <p>Dr. Miller asked for suggestions from EC members for how the process can be made more functional. Feedback included several suggestions: leadership from the Dean's office and the infrastructure to support logistics; streamline the charge; start with a smaller and more focused group to establish the parameters. Dr. Mark Rosenberg agreed the administrative infrastructure is important and efforts to set timelines. Dr. Nixon noted summer is routinely a difficult time to match-up schedules and establishing the minimum number required for meetings (specific to each project) will move project work forward more quickly. He agreed smaller working groups will have more functionality as well. Dr. Rosenberg noted a goal for the Office of Vice Dean of Medical Education is to facilitate progress through the Chief of Staff and administrative support. Dr. Miller pointed out the importance of the EC playing larger role in setting more specific parameters for scope and timing.</p> <p style="text-align: center;">Next EC meeting November 20, 2012</p>		<p>No addt'l work will take place</p>