

Education Council (EC) Meeting Minutes

October 21, 2014

EC members present:		EC members not attending:
L Anderson	M Rosenberg	J Andrews
J Chipman	L Schimmenti	J Beattie
B Clarke	A Severson	K Brooks
S Hansen	Y Shimizu	L Carson
R Holton	G Trachte	J Clinton
W Jenson	S van den Hoogenhof	R Cormier
A Johns	M Wagar	K Crossley
Z Lauer	K Watson	G Jacobs
R Michaels	J Weil	S Katz
W Miller	A Weiers	M Kim
J Pacala	M Woods	J Miller
D Patel	B Yueh	J Nixon
A Pereira		T Stillman
D Power		G Vercellotti

Minutes

Minutes for the September 16, 2014 EC meeting were approved with no corrections or additions.

Information

Student Affairs Assistant Dean Search

Robin Michaels, Search Committee Chair, reported there are two finalist being considered, Dr. Michael Kim and Dr. Iris B. There were a number of excellent applicants; the Committee put forward the two individuals named. Currently they are both scheduled to meet several different individuals for inter views and the goal is to complete that process within the next few weeks. Student forums are being arranged with each candidate, they will have a chance meet each of them, a chance to talk with each and to make recommendation, as well.

Governor's Blue Ribbon Panel

Dr. Mark Rosenberg noted he had attended the third public meeting held by the Panel, appointed by the Governor to discuss the Medical School. The first meeting was an overview of the School, the second was regarding research and this one was about "work force". A number of reports were give one of which was a presentation by the Commissioner of Health and a second a report from the Department of Health on their "work force" studies with varying conclusions that there will be a shortage of available physicians that will occur in Minnesota and other states. There was a report from the Minnesota Hospital Association and Dr. John Andrews provided the GME perspective. Dr. Barbara Brandt talked about the aspects of interprofessionalism. The impression that the efforts of the Panel to gather a good deal of information may at some point become a request to the legislature. It's possible there may be fiscal support toward achieving some of the Governor's and the President of the University goals with regard to excellence. The next meeting is November 19th, the meetings are open to the public, Dr. Rosenberg plans to attend regularly and Student Council is encouraging students to attend.

Discussion

Admissions - Duluth

A goal with this discussion is to understand Admissions and the data, but also to understand how the Council can be helpful in developing a map for the future. Several areas to clarify include understanding that based upon the Bylaws of the Medical School, Admissions is a committee of the Faculty Assembly, and reports to the Faculty Assembly for its authority. The Education Council has a very different line of authority; it is an advisory council to the Dean. The Council has no line of authority to Admissions other than receiving reports.

The Council is looking for ways to be helpful in thinking about the Admission's process and to help get to the vision Dean Jackson has for the UMSOM.

From Dean Jackson's conversation at the EC meeting on October 21st, it is apparent there are a number of areas in his goals and plans that impact Admissions:

- medical student indebtedness
- programs that shorten the length of medical students attend classes
- student scholarly activities
- student diversity

With the Dean's focus on the student scholarly activity, it's apparent every student and every faculty member is expected to be committed to scholarly activity; either using it well or adapting it to advance medical knowledge and application. How the requirements of or characteristics and how they are applied, is something which is important to understand and to get a feel for how the Council can help influence what the characteristics that are being sought.

Dr. Shimizu reported that the MSTP applicant pool is completely separate from the other two programs; students have to decide at the beginning if they are applying for MD or the MD/PhD program. All three groups do report to the same Admissions Executive Committee, for the final decisions on all applicants. Generally applicants are not moved from the MD/PhD pool to the MD pool, at other programs applicants are automatically moved to MD pool if they are competitive. This is probably a philosophical decision by the MD/PhD program to force applicants to commit to MD/PhD training at the beginning of the application process. Generally this approach has been in response to our poor track record of producing academic physician scientists. The MD/PhD program does look for

- strong undergraduate background in research experience
- sustained independent research.
- Some applicants not a priority fit for MD/PhD may become physicians with research interest if applications move to MD pool
- these applicants have potential to build our MD student body with ability/interest in scholarship
- vast majority not accepted for the MD/PhD at U of MN, go one to other MD/PhD programs
- 2014 -- 256 applications (a70% increase since 2009), 55 interviewed, 25-30 offers made for class of 8
- if Dean Jackson wants admit level at 10 per year, the applicant pool should be about 300
- recruitment is done with a special focus on diversity
- annually attend two national undergraduate research conferences, established relationships with key undergraduate institutions that produce underrepresented students
- active in social media, active face book page and establishing tweeting, doing as much outreach as possible

Generally interviewing is considered a recruiting activity, when students come to campus, meet the faculty and students in the program; they almost always come away with a better impression than when they first arrive. If the manpower were available to do more interviewing they would do more, because even if the interviewee goes to Yale because they will take their experience at the University of Minnesota Medical School back to their institution and let others know that Minnesota was #2 on their list and is higher on priority list because of the experience they had during their interview.

Dr. Robin Michaels, Associate Dean for Admissions at Duluth, reported their mission is to be leaders in educating physicians dedicated to family medicine, who serve the healthcare needs of the rural Minnesota area American Indian communities, and to discover and disseminate knowledge through research. The program has been in place 40 plus years and it has been extremely successful. Approximately about 48% of Duluth alumni are family medicine physicians, compared to about 9% nationally and looking at primary care physicians alumni are at 90%., Approximately 44% practice in communities that are at smaller than 20,000 to 25,000, compared to about 5% nationally and looking at Minnesota only, about 63% of Duluth alumni practice in Minnesota. The success of their Native American health component is represented in being 2nd in the nation in graduating Native American physicians. Nationally some of the programs that are emerging and will be competing with the Duluth program, are being started by Duluth Alumni.

- Duluth matriculates have done research before beginning medical school
- research opportunities available once students begin medical school education
- research takes place in laboratory settings, community settings, some at Mayo, TC & Duluth hospitals
- summer internship experience take place in a community on 2 to 6-week projects; some are long-term

The pathway to the Duluth program's success is really the mission focus; the Admission Committee is balanced and is successful in looking in a balanced manner at the applicants, tied to the mission. Rural potential is looked at carefully as where students come from, what they plan to do in the future; the family medicine potential is generally tied to what their previous experiences have been. Native American potential is related to whether they are Native American and whether their experiences include having served Native American communities.

The 2014 entering class statistics (2013-14 Admissions cycle) included: 1567 applications, interviewed 189 applicants for an entering class size of 60, 88% were Minnesota residents, 8% are American Indian, 47% are women and 38% of the class are ranked by MCAS as socio-economically disadvantaged.

Over 5 years the class profiles are consistent a balanced class of men and women, a large percentage of Minnesota residents and the MCAT scores run a little lower than the Twin Cities. They are consistent across the five years. The mean undergraduate BCPN is about 3.6 as is the total GPA. Entering class statistics show that students come from 34 counties across Minnesota, 85% of students from hometowns of less than 20,000.

Currently there are 18 active on the Admissions Committee and the Duluth Admissions process is very similar to the Twin Cities campus.

- File Review
 - Pre-screening
 - Screening (3 screeners)
- Interviews (average 28-29/interviewer/year)
 - 2 x 1 hour
 - Pre/post interview form
 - Interview score
 - Scheduled for COA
- Decisions
 - COA members review applicants & assign scores prior to meeting
 - COA members discuss applicants at the meeting; can retain/change scores
 - Final overall score puts them into one of three categories
 - Admit & wait listed apps submitted to AEC

Generally Duluth doesn't interview international students and very few who are not Minnesota residents, unless they meet the specific Duluth mission. Once approved by the Executive Committee, all immediate accepts (based on the MCAS requirements) receive a telephone call with congratulations. Duluth does have an early decision program where individuals apply to just one medical school, the TC and Duluth campus are one School with one MCAS number and an individual would choose one program to select for their one application. There were six applicants for this Admission cycle, five were accepted. There is an early admission scholars program at Duluth, a joint program with the UMD Swenson College of Science and Engineering, students apply during their junior year and are reviewed as Medical School applicants while in their junior year. All prerequisites must be completed while in their junior year, MCAT score of at least 27. Those accepted begin medical school in Fall after their junior year, typically one student per year and are often from rural communities.

Recruitment efforts are a collaboration between the Admissions staff on both campuses. Local recruitment includes UMD and Scholastic pre-med clubs and the Duluth Center for American Indian and Minority Health. The Center, now directed by Dr. Mary Owen, has grant funded pipeline programs and reach out to communities such as White Earth and Red Lake. Duluth's recruitment includes a Rural Pre-med Summit, which involves schools across the State. Staff from both campuses visit 4-year schools across the State to meet with advisors, students and faculty; it provides understanding the demographics of the communities and have contact with

potential students. Nationally there is the Pre Admissions Workshop (the PAW) and this year in March there will be a joint regional PAW (Great lakes PAW) venture between Minnesota, Wisconsin and Michigan.

Duluth does have rural focused scholarships, a number of different sizes, some are site specific. For UIM students there are in-state tuition scholarships and the Foundation has provided need-based scholarships, and student who have Indian Health Scholarships. There will be two full tuition four year scholarships this year; one will be the Regional Dean's Scholarship.

Things that work in attracting and retaining students:

- scholarships
- pathways programs to help students navigate into the system
- establishing a critical mass in programs of students and faculty of underrepresented
- academic and cultural support such as with the Center
- academic social and cultural support of some type as with the CAIMH at Duluth

The pre-matriculation program, part of a HERSA funded program through the Center appears to be successful, these have been offered at UMD historically. This is a 1-month program run during the summer; with faculty salaries at about \$30,000 and the stipends students receive, at a total cost is about \$50,000. Students who have attended are successful.

Decline Survey

- better scholarships else where
- family
- may not be ready to commit to a rural practice
- preferred a more diverse student population

What is needed?

- How better to align admissions processes with outcomes
- How to attract the best candidates; program funding, scholarships, establishing support environments
- How to energize the Admission Committee by stream-lining the review process to help prevent burn-out and to prevent erosion of a holistic process and to maintain the mission.

Duluth students are often from small communities and it has been determined over time that a large number of those students return to small towns to practice. Duluth's supplemental application has a number of questions that are "mission" based and are important in understanding the goals applicants have for their careers. The Admissions Committee members contribute about 167 hours yearly interviewing and Committee sessions.

Admissions – Twin Cities

Dimple Patel, Associate Dean for Admissions reported the application pool has increased over the last five years and national enrollment has increased very little and our enrollment remains the same.

- slight decline in the primary application pool
- secondary (full application) pool was larger
- greatest increase in the UIM matriculates, from 10.5% to 18.8%

In the entering class profile, which breaks down the class demographics, Ms. Patel defined multicultural students as encompassing all students of color (includes all Asian/American students) and UIM includes African American, Latino, Native American and one population of the broader Asian population which is Hmong students. This year there are 32 UIM students and a total of 53 multicultural students, which includes the UIM students. MCAT and GPA has remained much the same, the slight difference between those numbers for 2013 and 2014 were not affected by the change in the class demographics.

Admissions staff made changes in their operation with regard to interactions with the applicant pool for 2014 enrollment, which included the following for the visitors:

- reorganized interview day
- more student activities and interactions
- involved more faculty
- more exposure to the offerings of our School
- created 19 individual communications

- Focused recruitment on UIM and students who demonstrated high academic achievement based upon MCAT scores and GPA
- last spring senior leadership made calls and wrote letters
- committee members followed up again with added communications
- Interest specific connections means all communications sent to accepted students, asked what specific interests you want to explore during your training for the MD degree.
- Hosted the “revisit day”, which gets very positive feedback due to the commitment by support from currently enrolled medical students.
- Office of Minority Affairs and Diversity and our student national medical association, SNMA did a good deal of recruitment.

Two new areas added to the recruitment efforts are scholarship awards and the wait list reorganization. Historically the wait list has gone by the rank that has been given to the applicant based upon the final score in the review. This year with the help of the chairs and our former director of Admissions; the wait list was reviewed with different priorities. For changes to applicant rank on the wait list the criteria screened for was first Minnesota residents with high academic ability and second those with high academic ability. There were a number of UIM who were ranked differently after this redesign. Applicants who were likely to take another offer of acceptance were also moved down the list.

Admissions gave a matriculation survey to the entering class (during Orientation) and will again do the same, but it will be done the week before Orientation for a more focused response from the new class members.

Results included the following:

- 54% response
- M.D. students only, not MD/PhD
- 67% of the pool had multiple accepts
- of those responding 87% were MN residents and 13% non-resident
- did UMMS recruitment efforts impact your selection (yes- 69%, no- 17%)
- yes- 100% of non-residents felt recruited and yes- 76% of resident applicants felt recruited
- did on-going communications impact your selection (yes- 64%, no- 31%)

Other reasons student selected UMMS are cost of attendance, global health opportunities, commitment to serving disadvantaged programs, JD/MD program, enjoyed interview day and the admission process, lack of competitive atmosphere among students.

The Office of Minority Affairs and Diversity does do a withdrawal survey with UIM students and reasons they provided include scholarships, proximity to family and friends, diverse patient population, cost of tuition, and primary care program.

The major change to the Scholarship program is fewer scholarships were given but the awards were for greater amounts than in the past, ten students were awarded scholarships. The reason for this decision being in the past the larger number who received funds, got them for 1 year. Those scholarships granted this year are for 4 years at the level of \$5,000 per year. Two full tuition scholarships; one came from one donor and Admissions was also given permission to combine funding from different donors to create a larger scholarship. There were 52 non-resident tuition waivers awarded but only 6 of those applicants accepted.

Changes made to the pipeline program Minnesota Future Docs included reducing the size. Under the direction of Simone Gbolo and in Spring of 2015 there will be 10 students enrolled. Commitment to the current participants will continue; through supporting them, advising them, getting them connected to the community for experiences and funding for MCAT preparation. In 2014, 10 MFD students (largest number since program’s inception) were enrolled on the TC campus and Duluth deferred one student until next year. There is a total of 12 students from MFD enrolled in medical school this Fall, 2 of them are at other medical schools.

Efforts to create a 7-year BS-to-MD program are moving forward. Recently the School was granted acceptance of the by the Vice Provost of the University of Minnesota. The College of Biological Sciences will partner with us to develop the program; the major is very suitable to provide the background for medical school participants. Very similar to Duluth in that there will be only one major/college that will satisfy the criteria for

early admission and students will have to commit to that degree early on. A curriculum has been developed through the work of a current medical student (during summer internship) who put together an in-class and out-of-class curriculum.

Joint Admissions Scholars Program

- 7 year BS to MD
- Partnership with Undergraduate Admissions
- College of Biological Sciences (10 students, fall 2016)
- Pre-matriculation programs
- Intrusive and early advising
- Summer clinical, research, and volunteer opportunities
- Admission given satisfactory completion of requirement

Development of this pathway fits a goal to increase the UIM student access to medicine specifically in Minnesota. Of the 32 student who enrolled this year, who identify as UIM, 17 were out of state residents. The program is in line with what Dean Jackson has recently emphasized for shorter tracks and increased diversity.

Half of the presentation included time for discussion around potential changes areas within admissions. First current selection criteria and the essential and desired qualities of an ideal medical student were reviewed. These qualities came out of the Dean's Taskforce on Admissions in 2007. Current evaluation tools are based on these qualities and use of holistic review to make decisions about applicants.

U of MN MD Selection Criteria

- Strong academics
- Commitment to improving the human condition
- Professional Conduct
- Outstanding interpersonal skills
- Dedication to lifelong learning

Questions:

- Are the essential and desired qualities still relevant and do some aspects need updating or adjustments?
- Also what does each quality mean?
- Who makes up our committee, is our review process efficient and effective?
- Could it be better?
- Should it be holistic through the whole evaluation process or just post interview?

Admissions is looking for questions, recommendations on how to proceed, support for changes in the future, and involvement in making the actual changes.

**Next Meeting, November 18, 2014
4-5:30 B646 Mayo**

October 21, 2014

Questions regarding Admissions from EC members:

How are the criteria being applied by the Admissions Committees?

What is the best fit for the current goals?

It is timely to revisit the criteria

At the time of work done by the Task Force, research “desired versus essential” was one of two of the biggest items of debate, along with pre-requisite course requirements, specifically concerning organic chemistry. One area of tension is our School’s focus on Primary Care and the priority to educate physician scientists. There was a lot of discussion about opportunities that applicants have for certain areas, i.e. “tolerance”.

Dr. Pacala noted today the focus on diversity and cultural competence are strong efforts throughout our School. At that time there were discussions regarding students raised in rural areas and small town and their exposure to diversity, due to this the goal was to be inclusive.

Discussion of the current Mission statement and suggestions to revisit it to possibly change it and make it more focused and a better fit for the current program.

Dr. Johns questions where is the data that would show what the individual applicant is capable of doing as a physician long term?

What is measurable in terms of the individual future performance beyond the classroom learning? How to establish a connection between evaluation of student performance in medical school and what that would mean for the admissions process?

Can we create a feedback loop that is really meaningful for our end product?

Being transparent with what is required to be admitted to medical school has been questioned in the past, Dimple Patel feels the more guidance students receive the better experience they and the program will have overall.

“Understanding of medicine”

The Task Force wanted to broaden the applicant pool from the perspective of diverse experiences. The understanding of medicine related to concerns that individuals would become doctors without having experienced the human factor that is involved with medicine, health care and/or the care of individuals. To determine if the individual has some understanding of what the field of medicine is about.

Students do want to check the boxes that are the baseline of what is needed for admission; it leads people to try things they may not normally want to experience. They learn from those experiences and know the value of what others go through who work in those settings. Initially the “desired and essential” are important because it gives the applicants the ability to say they want to check the boxes on those that are necessary but also gives you room for personalization by doing the things they as individuals care about. The question is “research essential” is an important area to review; because medical school applicants see “desired” as very important credentials to strive to match.

As an interviewer, in terms of the evaluation tools used for interviewing applicants; it isn’t very clear how research should be viewed. If the focus for research is to be more evenly considered the interview tools/evaluations need to be updated.

For checking off the boxes for even when there is experience in research, it’s complicated by how the individuals respond and not clear if they are interested in future research. The quality of pre-med research may have bearing on whether a physician would be interested in the future.

What is it that Admissions processes really want to know about applicants; they think critically, they can problem solve, they are creative? It’s important to be thoughtful about what “research” means, is bench

research the standard? There are amazing scholarly projects that students experience in their learning, such as art in medicine. A very prescribed meaning for research is concerning.

Research is talking about the scholarship and a scholarly approach to ideas. Research as an undergraduate may teach some that they don't want to work in the research side of health and medicine. The concern in this community is that if individuals do have an interest in research, they are disadvantaged in the admission process. If it's research scholarship versus shadowing, it may be interpreted as research isn't of value. There is a perception that if you've done research it may disadvantage the applicant.

More has to be done to elevate scholarship.

It's more valuable to volunteer in an emergency medicine dept. than to be involved in an active research lab.

There are conversations that actually de-emphasize the value of research over those who have shadowing, human service experiences and other population involvement. It's possible that this is the impression Committee members have because of where "research" appears in the application. The "human condition" is at the top of the criteria.

Students spoke about their combined research and shadowing experiences when they were considering medical school, as the determining factors for applying to medical schools.

In 2007 version report there was a better descriptive of what the research and the human service experiences.

Shadowing is becoming more difficult to find opportunities and students who come from underprivileged backgrounds are experiencing an uneven "playing field". They are disadvantaged in not knowing those people who can give them access to shadowing experiences.

It was strongly suggested and agreed upon to review the 2007 report in view of the concerns that research has been placed unfavorably in documentation and process.