

Education Council (EC) Meeting Minutes

January 20, 2015

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

Minutes

Minutes for the November 18, 2014 EC meeting were approved with no corrections or additions.

On behalf of the Education Council members and the Office of Medical Education, Dr. Kathleen Watson thanked Dr. Wes Miller for his tremendous leadership as chair of the EC and his role in advancing medical education. Dr. Watson noted the goal and purpose of the Medical School is to admit students who are intensely curious, highly professional, who are committed to improving the human condition through research, through service and who inspire others as physicians. Dr. Miller has overwhelmingly fulfilled these criteria throughout his tenure at the University of Minnesota Medical School and in his work as a physician. He thanked the EC members for their work and noted that he has great confidence in their continued work and ongoing commitment to lead through innovation in medical education. He noted the School will grow and continue to get better with the great leaders now in position.

Consent Agenda

Dr. James Nixon spoke about the existing set of guiding Educational Objectives currently in place at UMMS, along with the Seven Domains of Competency. In 2013 there was a national group that put together an overarching set of objectives, titled the Physician Competency Reference Set (PCRS). The basis of the Reference Set involved medical educator experts working with the ACG Core Competencies, using the six Core Competencies, expanding them and adding a few, i.e. personal and professional development and the inter-professional areas. Dr. Nixon asked members to review the materials and consider using the newly developed set as our Medical School's objectives going forward. They include areas that reflect our School's goals.

Other schools are having some difficulty transitioning to them as guidelines, but ours were developed from the ACGME guidelines so there is a good deal of commonality. We already are required to map our current overall objectives to these PCRS and will be submitting the mapping to the AAMC for review. A future discussion would be to clarify for EC members that these do fit with our School's overall goals and that this fits with our intentions for our students. Slides will allow members to compare our objectives side-by-side with the PCRS so they can compare how similar they are to each other. Dr. Woods reported that this year we have mapped our entire curriculum to our domains of competence and we mapped our entire Curriculum (both campuses) to the PCRS to submit to the AAMC. Therefor whether we adopt these or not we are required that we map to them. Action: The PCRS will be a topic for discussion and consideration for adopting at the February 17th meeting.

The State of the Curriculum Annual Report

Dr. Rosenberg noted that our School is very committed to outcomes based medical education using data to continue to improve. The Report is an excellent example of all of the possible outcomes that are presented. Drs. Rosenberg and Woods thanked Dr. Jordan Orzoff for his work in preparing the Report and in moving UME forward to get all data pulled together. Dr. Rosenberg's goal is to eventually have the "quality of care" indicators; a measure for how our students performed once they graduate. A major push is to understand how to design education to improve care.

Dr. Woods spoke about the collection of data as a work in progress and this year there were new areas of data reported that were not available last year. Admissions added data this year and that will be included as ongoing data. It's possible that the Report in the future will become the State of Medical Education. She reported that our Medical School (both campuses) are as strong as ever and we are turning out competitive graduates, people with a strong skill set and our faculty are commended for doing a remarkable job educating students to become physicians. There are no aspects of our program that are broken; we are in good order, which means we can select areas that we want to work to improve. A commitment over the last several years is to work on changes in clinical education and in the Executive Summary there is considerable data about those changes. Also there is a good deal about the continued efforts in integrating our basic and clinical sciences across the four years. Over the last 4 to 5 years, in the area of clinical training and the Year 1 & 2 curriculum, both campuses have worked hard to bring clinical applications into the courses. Now the focus is on how to carry forward that effort to link basic sciences into the clinical experiences. To gain input and generate new approaches, Dr. Woods asked Council members to provide ideas and ask questions. Dr. Orzoff has worked over the past year with all of the data and he will provide details of the highlights found in the Report. Also with his work and the addition of 2 graduate students, we now have a team to pull data together and look at it more critically.

Data

Dr. Orzoff began by thanking Jackie Gauer, a graduate student who has been hired in Medical Education as support for the purpose of working with the data on a regular basis. He provided context for what the data from the different sources means and for each topic in his PP presentation there are page numbers that correlate to where in the report that data can be found. The largest percentage of information comes from student self-reporting, there is also student performance data and faculty provided data. The goal is to make changes that will generate a higher percentage of faculty analysis and allow for reducing dependence on student generated evaluation/information.

Dr. Woods commented on the process for reviewing the data, using Medical Education staff and the Education Steering Committee (Dr. Nixon, Chair), the data identified areas that require focusing our work.

- Course and content integration, to bring the basic science and the clinical learning environment into all four years of medical education.
- Capacity in clinical education sites is an issue and well known by everyone involved in educating our students.
- With regard to feedback and evaluation data, clinical courses and experiences, better data is needed to understand where change is needed. It's important to get more meaningful data from clinical education experiences; to understand what sites are expecting, how they feel about the graduating student at the end of their four years and how the Medical School is interacting with those sites.

Accomplishments

Dr. Woods noted that there were a number of accomplishments for the past year; the Report details the critical themes and major progress on past issues. Medical Education had our first integration milestone, staff presented at a national meeting, a stakeholder retreat which resulted in three initiatives with work groups (one has finished and the other two are in progress) they will all provide feedback and information for where the curriculum should be going, first educator boot camp – the first time OME has worked in conjunction with Faculty Affairs to provide training to new educators. With P&T and the Teaching Track we have more faculty who need foundational support, this is important to training them as faculty. There have been numerous curriculum improvements across all four years (see list on page 5) and across both campuses. We have new active learning strategies which include "flipped classrooms", more small group strategies in place, and TBL

was applied to classes on both campuses. These areas had been identified the year before and OME moved forward to provide support. We have a new Assistant Dean for Student Affairs, Dr. Michael Kim.

The Boot-camp had approximately 60 people who began the program and approximately 45 individuals completed the training, all of the participants are on the teaching track. For 2015 UME will work closely with Faculty Affairs to identify those who moving onto the teaching track and plan skills training workshops. Dr. Rosenberg reported that scholarship in education is definitely here to stay, whether it's publishing papers or curricular innovations, as examples. At this time there isn't information for what the Dean might change, the best approach is to help people to advance their scholarship. There were a number of people developing scholarship within the Medical School, it is important to identify those who are and to link them to what is being offered both through MEDS and Faculty Affairs.

Dr. Orzoff reviewed data, a new source this year is data being provided through Admissions, their Office worked to provide statistics about the incoming classes and how they look compared to historical trends. Another area includes changes in the course evaluations. The Graduation Questionnaire has had some changes but that is completely outside the realm of OME, it's administered by AAMC. The PGY-1 survey is an effort to determine how well our graduates perform in their intern year.

The evaluation segment of the Report begins on page 22 and features questions asked about each course:

- overall mean based upon their responses is highlighted in green for question
- summaries of student comments for each course broken by each campuses
- Duluth data, due to changes to how courses are evaluated, meant data is less compatible, fewer commonalities available...
- very little change in the ranking of courses occurred over the last year

Data allows a view of how courses work, making it possible to see the differences in courses students favor.

Dr. Woods reported that HD-2 is no longer HD-2 but has now been split up because material covered in the original format was too cumbersome to teach and for students to improve congruence. These changes will be apparent in next year's data and the comparison for each format (former and current) will be helpful to look at for student performance. For ECM new active learning techniques have been implemented this year and student evaluation data will be available next year. Human Behavior has a new course director beginning this year and the student evaluation for that course will also be included in next year's data. The changes made for this year are being driven by data from past Reports and in this way courses will evolve based up data.

For review of clerkship Dr. Orzoff spoke about data taken from the Graduation Questionnaire, with regard to experiences with the teaching encountered in the clinical setting. When students were asked about residents as teachers in the core rotations, the University of Minnesota residents as teacher were substantially higher than the national average. Our other ratings are generally a bit better than the national average but this category stood because it is substantial. Recently the format for the PGY-1 survey has changed and the results in the Report reflect questions that more closely follow the ACGME competencies. The U of MN residents with very few exceptions are considered superior or acceptable on all of the Competencies and their excellence is seen as especially strong in patient care, interpersonal skills and professionalism.

Program directors were asked to rate them as being in the top 1/3, the middle 1/3 or the bottom 1/3 of their residents; 54% of program directors ranked Minnesota residents in the top 1/3 of residents. Program directors were also asked if knowing what they now know about the 1st year residents would they select them again and 98% responding that they would select them again. With regard to all of the competencies the data from the resident program directors and the graduation questionnaire converge and give a broader picture of where their strongest skill show up and where there are areas to strengthen. It is possible to correlate the documentation from the survey with individuals with lower performance, but doing that would violate the current anonymity clause and cannot be done. The number performing at the low end of the scale is very small. To correlate the individuals with the E*Valu data would be possible if there were relational data as part of a data warehouse (a possible future capability). There are two years of this survey format, but it will take 3-5 years to be able to do trend analysis and find the correlation between the data sets. This data doesn't reflect on the quality of the residency program, it may be possible in the future with relational data base development.

The PGY-1 survey is not a national standardized tool; every program creates their own and sends them to program directors. Some directors choose not to complete the surveys because of time constraints and a large resident pool. This has led the Med Ed team to create a concise survey. Last year our survey was shared with several schools to gauge where it might be improved and those schools were amazed at the “would you select our residents again” question was asked and also that we were willing to share that data. Now that it’s an electronic survey the number of responses has double from approximately 25% to the paper version to just above 50% for this past year, the national rate of return is at about 21%.

Graduation Questionnaire

There isn’t much change in how graduates respond to questions of their satisfaction and indicators of satisfaction remain very stable. We are very slightly below the national average and there aren’t many differences between the campuses. Dr. Woods reported that our School has an 80% return/response rate, students get that the information is important to the program because it provides data from a range of areas. Many of these students were in School under the former curriculum; course evaluation in next year’s Report will reflect changes that occurred in response to previous Graduation Questionnaire data.

Recommendations that came forward from the Education Steering Committee and OME include the following:

- continuing the integration,
- to work on the data warehouse
- develop milestone assessments across the campuses (also linked to a national standard of measuring readiness EPAs)
- creating a road map for clinical experience changes
- a strong recommendation to establish a data warehouse to find answers to these questions

Currently the Medical School does not have a relational data base for all of our data. Developing and populating that warehouse is a major focus and there is now a good deal more data and reports created than ever before. The goal is to be able to provide more predictive studies and more correlations, to look at performance over time, and to look at trends.

Dr. Woods commended Dr. Orzoff’s work and commitment to help get OME ready to move forward to accomplish development of the data warehouse. OME has a strong working relationship with AHC IT and an excellent project manager to help decide how and what to collect and how to package it together, so answers to meaningful questions can be made available. The database provides pieces that can be used to ask questions, i.e. what is the quality of graduates from our program and is it possible to predict what strengths applicants has that fit our program.

Dr. Johns reiterated that the two campuses don’t share an identical curriculum but Duluth and TC curriculum must be equivalent. From the data available it shows equivalency, but it isn’t easy to get the data needed for better understanding where strengths and weaknesses occur. Duluth needs to track the performance of their students through all four years and seeing those results for clinical experiences and performance help to guide them in changes to their first and second year courses.

Dr. Watson pointed out, the need to use data to guide change in areas where student experiences need adjustment, is critical to improving courses and clerkships. It was also suggested that data would serve to look more closely at the areas such as harassment and mistreatment issues.

Dr. Brad Benson requested more detail on the data warehouse development; timeline and budget. He commented on the opportunity for EC to be able to make a strong recommendation for allocation of resources. This approach ties into the teaching track for faculty and their ability to do robust scholarship requires meaningful data.

Action: Bring data warehouse developmental details (timeline and budget) to Council for discussion.

**Next Meeting,
February 17, 2015
4-5:30, B646 Mayo Bldg**