

## Education Council (EC) Meeting Minutes

April 14, 2015

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

### Minutes

Minutes for the March 17, 2015 EC meeting were approved with no corrections or additions.

### **Consent Agenda**

Policy for Reporting and Handling Violations of Ethics/Honor & Professionalism Codes

Dr. Watson provided an update to the review of this Policy at the February meeting. At that time, Dr. Johns and Dr. Michaels pointed out differences in the Duluth procedure that were not clearly stated in the TC document. Now at the bottom of the TC Policy and Procedure (as posted on the web page) is a link to the Duluth document. Dr. Michael revisited their practices and Policy, this document is included in today's meeting materials for review. The Duluth version is a little less Student Affairs centric, in their Policy the violation is reported directly to the Honor Council and they decide if it will be handled by Honor Council or go to Scholastic Standing. In that case, Student Affairs becomes involved as an advocate for students and working closely with the student. Otherwise it is parallel with the TC version. A motion was duly made and seconded to approve the amended version(s) of the Policy for Reporting and Handling Violations of Ethics/Honor & Professionalism Codes which includes specific reference and a link to Duluth's Policy/Procedure, it passed unanimously.

### **Information**

#### **Essentials of Clinical Medicine (ECM) Grading**

Dr. James Nixon reviewed a decision made in 2010 to establish grading for Year 1 and 2 courses as P, F and Honors, in conjunction with implementation of the revised curriculum. At the time, the differences in the format of ECM were discussed as part of the consideration for changes to the overall grading system. During the transition to new courses, many thought it wasn't appropriate to have one course on a different grading system than all the rest. ECM has been H, P, and F, which has been cumbersome for faculty and course directors because often it is difficult to differentiate between P and Honors. Students are consistently working to become competent and there isn't a good way to distinguish between these two grades. There isn't a mechanism for students to raise the bar far and above their classmates. Most of the assessments are designed to determine if the student has met competency or hasn't met competency, which is the most important aspect of the ECM content for basic history taking and physical exam. The educational committees, SFC, CEC and Education Steering Committees have all agreed that change is the best move forward. A similar course in Duluth is P/F, which better aligns the sets of students who are assessed on the same set of skills. Discussion of the original reason for the P/F/H rationale was to establish consistency in grading. A motion was duly made and seconded to change the grading system for ECM from P/F/H to P/F, it passed unanimously.

## Discussion

### **Match 2015**

Dr. Kathleen Watson thanked Dr. James Boulger, Dr. Michael Kim, and Scott Davenport for their work in providing data and analysis of data from past in conjunction with input for current Match results. The data shows great results for the largest class (245) ever and with the strongest percent matching in the past 10 years. Graphs provided comparison of some changing trends in the number of students who matched residencies in Minnesota, more students choosing residencies other than primary care (family medicine, internal medicine pediatrics and internal medicine).

- no substantial shifts in indicators in comparison with last year
- a larger percentage of students matching in programs at HCMC compared to fewer matching in U of MN programs
- Duluth Match 43 percent matched in Family Medicine, excellent Match for Duluth (one of the highest “primary care” matches in U.S.
- Lower number of RPAP students graduating and therefore a small Match (part of the cycle). Generally across ten years match data indicates approximately 2/3 of RPAP student match in family medicine.
- Duluth matriculating students have the highest rate of matching in family medicine with the TC campus matriculates matching at 8.6% which is slightly above the national average.
- 9 MSTP students graduating, all Matched this year.

Nationally an additional 651 positions opened in the 2015 Match, the percent matched was overall 93.9 % and 6.1% were unmatched. There were 18,000 us senior participated in the match and a rise of about a 700 individuals. Percent match has gone up, it hasn't dropped as was the concern before the new format. The match rate has increased for all specialties, which is probably because overall it is now “everything in”. University of Minnesota Medical School UME seniors, 55% of our students got their first choice, 17 got their second choice and 11% got their third choice; which was slightly higher than nationally.

UMMS survey questions focused on what determines MS-4 specialty choices; results show:

- overall experiences in a rotation,
- residents,
- personal mentors (other than advisors),
- experience before medical school and th
- program directors

Some of the least influential were student interest groups, careers in medicine sessions, flexible M.D. and faculty advisors. Other questions will be added and adjusted for next year.

Dr. John Andrews reported that the University of Minnesota programs offered 202 and 195 were filled, leaving 7 positions open. For Class of 2015 the number participating in the Match was 244 and the match rate 94.4% (does not include urology or ophthalmology). UMMS analyzes the risk factors for not matching, which are based on published criteria and have been used for several years. Half of those that didn't match were academic mismatches who applied for highly competitive programs but weren't academically strong enough to be selected. There were 4 whose interview skills were not adequate, there were two students who just had bad luck and one very excellent student who only applied to four programs and wasn't selected.

Looking at the profile of those risk factors the faculty advisors on both campuses have met with these students multiple times beginning at the MSPE interview time in May of 2014. Both Duluth and TC students advisors participated in evaluating these students, this was done in order to identify those with the most risk factors and those with the fewest. The process resulted in a fairly long list of individuals, we try to identify those risks and then to intervene. There were 3 who were determined to have the highest risks, one of them didn't match; entered SOAP and didn't Match. Two of those students were 2014 graduates who did a year of Flex Five and matched. We had 11 high-at-risk; 3 were unmatched, 2 entered SOAP and matched. There were 25 who had 1 or 2 risk factors and all of them matched.

Council members responded favorably to the level of success Administration has had with the process to identify students who require more guidance when entering the residency selection process. Two thirds of those

at the highest risk factor matched

- the Flex Five program was developed three years ago, special plans overseen by COSSS
- three out of three matched in 2014
- two out of two in 2015

The Flex Five program was developed three years ago. There was an intervention which included an action plan overseen by COSSS. They were provided with more critical thinking training, more advising, training with advisors as coaches for interviewing skills. The curriculum interventions include a Sub-Internship, an away rotation and a 1:1 relationship with a specialty mentor. All students have the opportunity to do on-line mock interviewing, students are advised to not apply high profile residencies, and to develop a Plan B, applying to a higher number of applications to additional programs.

In preparing for future residency program Match process, Medical Education will continue to develop the post-Match survey and recommend continuing the Flex Five program. Duluth has had particular success with a Flex Five individual who matched after a year of mentorship and teaching on their campus. It will be important to assess the Flex Five participants' success in residency as a measure of this program's outcomes. Last year there was a pre-matriculation enrichment program piloted here, which is an idea originating on the Duluth campus. It will now be on-going on the TC campus as well. Ultimately when the Match was finalized the School's Match rate was at 99%, making it the best match result in our program's history. Dr. Watson thanked all faculty, Student Affairs staff, Council members and other for the support our medical students receive from across the Medical School and University.

### **Student Progress Task Force Report**

Dr. James Pacala, Task Force Chair, summarized details of the Task Force Report and acknowledged all Committee members, especially the medical student input. Challenges for the SSC and COSSS members include the following

- Reviews of very difficult student situations, the same students have multiple interaction with a scholastic committee(s), protracted processes; sometimes leading to dismissal or withdrawal after 6 to years of course work, etc.
- A number of students who perform just above the failing level and are not identified early by the scholastic committees, who then after 2 to 3 years they fail at a critical point and are reviewed by COSSS as an at risk student.
- The extenuating circumstances are so varied and so time consuming that there hasn't been a standardized method to review, to consider or to develop action plans that have standard criteria.
- There were flexible but vague criteria for dismissal, not explicit.

### **Considerations and Recommendations**

- Define standardized criteria for academic progression and a number of categories for lack of academic progression.
  - ✓ Criteria for defining unsatisfactory academic progression: any course or Step exam failure, failure to complete each term on the established schedule or professionalism concern(s) (unchanged)
  - ✓ Leave of absence or deceleration are initiated by the student, COSSS or SSC. (unchanged)
- Criteria for Dismissal
  - ✓ Two failures of the same course
  - ✓ Three failures of combined course and/or Step exam failures
  - ✓ Combination of 2 failures of Step 2 CK and/or Step 2 CS
  - ✓ Failure to complete Years 1 & 2 and Step I in three years (not counting leave of absence)
  - ✓ Failure to complete Years 3 & 4 and Step II in three years (not counting leave of absence)

The Task Force members determined that these criteria are meant to be hard criteria. If a student fits any of the 5 above criteria it would be expected that they would be dismissed. Any subsequent consideration of extenuating would be of an extreme category. The Task Force recommends these as hard criteria will be publicized at matriculation, all students would be aware of the limits. If a student reached one of the five categories, they would expect to be dismissed. These are significant changes from past criteria. "Withdraw" is an option for students to choose rather than remediation, delayed graduation or dismissal.

There are several recommendations from the Task Force to improve data collection/tracking, included are:

- To establish a system for quantitatively overall student performance (to identify those students falling close to a cut percentile and those at risk). Combine scores into to come up with a distribution for how students are performing in their courses, across the board.
- Establish a set of parameters to use a cut point at a certain percentile and all student falling near or below that line would be considered at risk
- Establish a standard process by which extenuating circumstances would be evaluated for consideration by SSC and COSSS. (Scott Slattery did a great deal of work with a subcommittee of the Task Force and that information is available.) See Appendix

For the maximum duration of undergraduate medical education, 10 peer institutions were reviewed to get an understanding of their standards for the purpose of establishing a comparable process.

- The maximum duration should be 6 years from matriculation (doesn't include leave of absence)
- Leave of absence is established as up to 1 yr, doesn't count toward the 6 years of maximum duration.
- Maximum duration for Years 1&2 will be 3 years and maximum for Years 3&4 will be 3 years.

Recommendation for dates and check points when the academic records of students would be reviewed to identify those not meeting academic progress. The Task Force developed four check points for assessing academic progress; May of Yr 1, Winter of Yr 2, July 1<sup>st</sup> of Yr 3 and December of Yr 3. Their work on this recommendation provides details for expected levels of progress each student is required to accomplish.

Do not provide tuition forgiveness for students who withdraw. Identify students at risk for academic failure as early as possible who may be candidates for withdrawal and offer counseling regarding loan repayment. The medical school should explore ways of facilitating transitions of withdrawing students into other careers. Do not charge students who fail a course extra tuition to retake the course.

Systematically collect and analyze data on potential determinants/markers of academic difficulty and their association with academic and career trajectory outcomes.

Dr. Rosenberg thanked Dr. Pacala on behalf of the Dean for the work of the Task Force and the comprehensive report. Dr. Michael Kim talked about the response from COSSS members; they were very appreciative of the work and the details provided.

- COSSS request-make the Professionalism concerns tangible in naming, e.g. Professionalism Deficit.
- A second point COSSS asks how do you make it a hard quantity and what is an extenuating circumstance and they ask for some additional measures.
- What affect would these criteria have had over the last several years for deliberation by COSSS. There would probably be three or four individuals who may have been dismissed.
- Goal -to develop the mechanisms to identify those students at risk; help solve the issues experienced.
- The legal side of this approach, recommend it's worthwhile to have this reviewed by legal experts. Dr. Rosenberg has asked for this added review and the Task Force agrees.
- What is the net value for decelerated students if this just adds to their debt and causes issues for Matching? This is an added risk for many students, the data isn't very readily gathered at this time.
- For the maximum years in UME, what does this mean for students who are remediated and have to wait until the courses they missed occur again? The system may force them into a longer educational time frame. The Task Force felt there is enough play in the system.
- Presentation to students is very important for understanding why this is to their benefit, not a negative approach for the School's sake.
- Will be an advantage to have available across both campuses, Duluth students will be on the same page with the same understanding as TC students
- Was current data considered and was new data identified? Not specifically.
- It should be a living document or routinely revisited to meet future changes and guidelines.
- With relation to changing deadlines for the Step exams what is the priority, is there any data being considered. The delay is related to complications later in the Yr 3 & 4 scheduling, also there is national data that indicates delaying more than 5 weeks doesn't improve scores.