

Education Council (EC) Meeting Minutes

June 16, 2015

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

Minutes

Minutes for the May 19, 2015 EC meeting were approved with no corrections or additions.

Discussion

Biannual Report on the MSTP

Dr. Yoji Shimizu provided an update on the recent MSTP student and programmatic accomplishments, residency placement and goals for the next 2 years.

- Renewal of MSTP T32 grant
- Implemented new longitudinal clinical continuity experience
- Partnered with Med Ed to create a Women in Science and Medicine Seminar Program
- Initiated a review of the M3 and M4 years for MSTP students

MSTP T32 GRANT

Strengths

- “a well-run program with strong leadership, active trainee involvement and excellent outcomes”
- “Trainees appear to be actively engaged with the program, they have a strong sense of community and program identity”
- Trainees “delivered excellent summaries of their thesis projects, seemed enthusiastic and passionate about their research, appeared committed to pursuing academic investigative careers”
- “32% of the current graduate phase trainees or beyond have or had NIH F fellowships – this represents a very strong showing and is a tribute to the strength of the trainees and the program’s active support for the application process.”
- “The application describes a rigorous MD/PhD program with a highly interdisciplinary curriculum with translational exposure, strong professional development and very strong mentoring support.”
- “Engagement of students at all stages and PI is very high!”

MSTP T32 GRANT (T32 GM 008244)

Weaknesses (long standing issues)

- “Limited number of female and UIM faculty role models”
- “Program lacks women research clinicians as mentors/role models to trainees. This is not a new issue and the institution cannot run away from this issue much longer.”
- “Still low level of female and minority physician scientists, but bring in outside female physician-scientists to give seminars and career perspectives”(also an issue nationally for other programs)

2014/2015 ENTERING CLASSES

- 20 matriculates
 - 9 women (45%)
 - 5 UIM (25%)
 - 6 entered straight out of undergrad (30%)
 - 4 from UMN or local undergrad (20%)
 - 1 current UMN medical student
 - 1 participated in pre-MSTP summer undergrad research program

MSTP students Matched in Internal Medicine, Pediatrics, Neurology, and Child Neurology. The Program has 109 total graduates, 77 in academic medicine, industry or still in academic training (71%)

GOALS

- Elevate our program to one of the top MSTPs in the nation
- Revise M3 and M4 curriculum for MSTP students in order to optimize training for MSTP students, who will be pursuing research-intensive careers in academic medicine
- Develop a series of activities for M1 and M2 MSTP students to help prepare them for the PhD research phase
- Enhance communication skills of our students (i.e., 3 Minute Thesis)
- Evaluate and identify traits and experiences at the time of application that predict success in MSTP training
- Create a foundation for program growth without sacrificing program quality and the training experience for students in the program. Efforts to increase the size of the program will require increased monetary support.

Resources Required to Meet MSTP Goal

- Increased number of physician scientist faculty at all levels in multiple clinical departments who can serve as research mentors, role models, and future leaders in the program.
 - Hiring of new NIH-funded physician scientists
 - Successful career development of junior physician scientist faculty here at Minnesota.
- Increase number of women and under-represented physician scientist faculty in the Medical School
- Recurring financial support
- Continued support of leaders in Medical Education and PhD Graduate Education

Proposed revision of the M3/M4 curriculum for MSTP students

Dr. Lisa Schimmenti detailed the proposed MSTP curriculum revisions for the Education Council members. The Program is seeking their approval to move forward with steps to gather support from stakeholders.

Reasons for MD/PhD curricular changes include improving transition from PhD phase to M3/M4, increasing flexibility to the timing of the transition, greater opportunities for development of new inquiry areas during M4 and provide greater opportunities for focus on areas to achieve individual plans for the Match.

Goals of MD/PhD changes to M3/M4

Provide clinical training and experience for MD/PhD students to become outstanding physicians. Make available the flexibility for students to individualize and optimize their physician scientist training.

Current MD/PhD curriculum

- M1/M2 is identical for MD and MD/PhD students
- MD/PhD students typically complete one clinical course after Step 1 of the boards.
- MD/PhD students complete 1-2 years of PhD course work to meet requirements of specific graduate programs.
- MD/PhD students enter the laboratory of their choice, pass preliminary examinations, publish papers, prepare and defend thesis (3-5 years; average 4.4 years).

Key Proposed Changes

- Primary Care Selective to be replaced by Clinical Foundations for MD/PhD students (4 credits).
- Make the surgical subspecialties requirement optional.
- Provide 6 elective credits to MD/PhD students upon completion of the PhD. This would be equivalent to completion of 6 credits of “Research for Credit” electives.
- Allow credit earned during an “away” rotation to be considered “hands-on” elective credit with approval from MSTP leadership.
- Optional Advanced Research Experience (ARE)

A course-by-course comparison (grid) between the existing curriculum and the proposed curriculum is available by request (Sue Mowbray, smowbray@umn.edu).

A motion was duly made and seconded for Education Council support for proposed changes in the MSTP Curriculum and to support the work to involve stakeholders in the process.

Longitudinal Assessment

As our Medical School has moved forward to implement longitudinal clinical experiences, competencies play an important role in how these will be assessed and in assuring compliance with LCME standards. The PCRS+1 illustrates new competencies as a means to determine medical student progress:

Milestones 1 and 2 will potentially be summative and will work well for feedback; longitudinal feedback will focus on direct observation. In addition to grading practices, EPAs will become institutional assessments with advisors involved with additional coaching when and where needed. Student feedback favors the proposed increased levels of communication, especially in clinical settings.

Council member requested thoughtful planning regarding the following:

- role of faculty advisors and the increased load this creates
- consider timing for RPAP
- ETP – educational touch points

Next Meeting
August 18, 2015, 4-5:30 p.m.
Mayo B646