



CUMED 12/12/2017

Meeting was called to order at 8:02 am

Attended: K. Diebel, J. Boulger, R. Christensen, M. Conlon, A. Greminger, N. Jauss, R. Heuer, A. Johns, P. Fernandez-Funez, K. Nordgren, E. Onello, J. Pearson, A. Shaw, G. Simmons, G. Trachte, R. Westra

Absent: R. Harden, K. Nelson (TC), M. Statz

Welcome: Dr. Boulger entertained a motion to approve the meeting minutes of November 16th & 29th meeting. Dr. Christensen seconded the motion: All in favor of approval: none-opposed

Student Update:

- Follow-up from November's CUMED meeting: Dr. Diebel spoke with Dr. Severson regarding the group size in the gross anatomy lab examination process for the year 1 students. Dr. Severson has approved to split students into 3 groups compared to the previous 2 groups moving forward.
- Rachael, Heuer indicated a peer went to the CUMED committee web site and was not able to find current meeting minutes. Dr. Diebel indicated it may have been an old site. He is aware the site is good through October 2017.
- Dr. Johns received an email from a first-year student about class rank. Class rank is calculated; however, the main purpose is for students to be able to assess their strength and weaknesses within the disciplines. Class rank is not sent out to faculty or residencies. Dr. Johns does send oversight information but no student names. At the end of the second-year departments looking for top students only receive their student names. The TC Curriculum Office uses individual class points for [AOA Honors](#). The intent is to have students focus on study, not to be #1 in the class.
- Megan Conlon, MS II, was asked by a peer as to why the renal and respiratory were in one course instead of separate courses. The question may have been brought up because of the magnitude of the final exam.
 - Dr. Johns indicated they were originally separate courses. The physiology and acid-base of cardiac, renal and respiratory are interrelated.
- A few students also asked why there was not more diversity in the Skin/MS photos used in class. Dr. Diebel was aware of this early in the course. Dr. Westra and Dr. Diebel have met and this will be addressed in the future. There have been a few changes made already.

Discussion:

- ✓ Dr. Greminger indicated exam remediation can be difficult when a student may only have a weakness in one area. Dr. Johns indicated a Course Director can decide to have the student remediate the subject the student was weak in.
- ✓ Dr. Greminger also indicated it may be worthwhile to look into how some content and courses are structured.
- ✓ Dr. Diebel indicated renal was originally in CRRAB I. This set up changed because another course needed a specific week, i.e. CRRAB I was shortened to 5 weeks to accommodate.
- ✓ Dr. Trachte indicated student performance on the CRRAB II final was 5% higher than the mid-term exam. Although there was more material on the final exam, student performance was better.
- ✓ Megan Conlon felt having renal in the final exam encouraged her to read more on the subject even though she did not want too.

Gaps & Redundancies:

- Dr. Johns met with Department Heads for their input and support on a curriculum gaps and redundancies project.
- Two areas were identified:
 1. Who are the discipline experts?
 2. What are we looking for and will there be a common form?
- The project is to focus on the disciplines. The clinical piece goes across all 4 years and USMLE content is not delineated on what type of clinical should be taught in years 1 & 2.
- Dr. Westra indicated there are specific ways disciplines are covered, to exclude clinical content we will miss content. It is recommended to have a clinical faculty representative on discipline review groups. This will help capture the

integration of curriculum. There are disciplines taught in clinical settings that may not be presented as a stand-alone session. This gets back to the purpose of having a Course Director and Clinical Course Director.

- A weakness in our curriculum is Course Directors across courses do not know all that is taught within them.
- Dr. Johns indicated we currently have all discipline experts in-house. A standard form would be sent to all faculty and this form would be housed in a Google Drive file.
- An Excel document was provided to CUMED members to show current Blackbag content. This document is set up to filtered faculty/key topics. It was recommended to decode (provide a title) to the session. Teams would be encouraged to review this when working on redundancies. Gaps will be a little tougher to identify. These materials should always be kept secure and should not be released to students.

Discussions:

1. There is no standard curriculum design for medical schools. Although the USMLE identifies the subjects, they do not provide specific content to be taught across the years. Dr. Diebel and Dr. Johns reviewed the USMLE Content Outline and this document covers all 4 years and does not specify areas for years 1-2 but is a good resource.

Resources for Gaps & Redundancies:

[DMED Base Search of Curriculum](#) (limited access)

CoursEval: *Student Feedback on Courses*

USMLE [Content Outline](#)

USMLE [Step 1](#)

AAMC: [Scientific Foundations for Future Physicians](#)

AAMC: [Behavioral & Social Science Foundations for Future Physicians](#)

- Dr. McGary, Pathologist, is/has been reviewing the pathology content and is using a national organization for pathology.
- Dr. Shaw suggested to provide the cases that were used in courses this past year. Dr. Johns will work on gathering the information for this project. Keep in mind while looking through the USMLE Content Outline, a content expert would need to determine what should be taught in the first two years.
- Redundancies found should be planned. Dr. Johns indicated this project is not about a microscopic review level. When Pharmacology did the pharmacology content review, the content experts reviewed their content and met for a few hours that identified current issues and recommendations.
- Based on discussions, Dr. Diebel identified 3 areas:
 1. Faculty would self-report what they teach
 2. Content experts review the list of topics.
 3. Steps 1 & 2 need to come together; i.e. what we currently do with what we need to be doing.
- Dr. Johns indicated we have the list of faculty and their topics. The session objectives need to be identified along with the PBL/Case titles.
- Dr. Fernandez-Funez suggested cross listing the documents. (*The documents have been sent to AHC to have them cross listed in Tableau*).
- Dr. Boulger indicated if the project is to large, faculty won't do it.
 1. What is currently being taught? Where? When?
 2. What should be in the curriculum?
 3. What external sources should be used?
 4. What sessions are unique to the DU Medical School mission and goals?
- Dr. Boulger and Dr. Statz have meet and discussed the behavioral content. The TC Course Director for the Human Development course was contacted. TC & DU content was reviewed. To pull together information psychopathology was reviewed as well as other schools nationally. Pulling the content together, will require multiple steps for integration across the curriculum. This project is not about spending a lot of time with little gain. It is important to set up this project efficiently to receive the most gain.
- Dr. Johns will put together recourses in a more meaningful and manageable way and report back to members.

Annual Course Reports:

CRRAB I, presented by Dr. Kendra Nordgren

- CRRAB is a series of two courses. CRRAB I is focused on cardiovascular issues (CRRAB II is respiratory, renal and acid-

base systems).

- CRRAB I discipline cover pharmacology, physiology, pathology, histology, microbiology, genetics, anatomy, embryology, biostats/epi, immunology. Hours taught in each discipline is an approximation as the focus is cardiovascular.
- Students are provided with recommended textbooks but not required. Dr. Nordgren teaches out of the “Cardiovascular Physiology” and “Basic and Clinical Pharmacology” textbooks.
- The majority of involved faculty are in-house. There are 6 clinical faculty from Essentia and St. Luke’s.
- The course included lectures, small group activities, PBL, clinical skills development, online activities, lab components with anatomy/physiology and a take home PBL.
- There were 59 students enrolled, 10 received honors, 57 passed the course, 1 remediation and 1 delayed program.
- In general, faculty complement is well. It’s better to have in-house faculty for scheduling purposes. Clinical faculty availability does not always provide appropriate distribution or optimized placement. Exam questions and communications are also challenging with clinical faculty. The in-house pathologist will make next year easier.
- CRRAB I is a 5-week course, this is a tight course. There is little flexibility to work around clinical faculty schedules. Dr. Nordgren indicated there is an opportunity to remove a few of the clinical faculty hours as the content is redundant.
- Smaller PBL groups would be in the best interest of student learning. There are 5 PBL cases that requires a big-time commitment from faculty. Having set faculty provides consistency and stability for the groups. It is also a challenge to get faculty to commit to PBL groups in fall semester because of other obligations.
- Dr. Pearson indicated with limited faculty, the reality of PBL is great in theory but is very faculty intensive. Because of this, other courses have or are trying other case methods that diminish faculty hours.
- Student feedback were positive. A weak area was on integration of interprofessional education topics. Dr. Nordgren indicated interprofessional education topics were not covered in CRRAB I. This past year there was a case that had a medical error and how to handle medical errors in practice. This was the only opportunity that this was brought in.
- Cardiac rehab is not currently discussed. Dr. Greminger agrees there are opportunities to add additional topics.

Student course comments identified a few themes:

1. Take-home PBL at the end of CRRAB I – Student requested to have the take-home PBL case earlier in the semester. This was accommodated. This assessment provides an opportunity to individually to work through the process. In the future, the take-home PBL will be given out at the beginning of the course. This assessment is pass/fail. Students are given points for each component. If there were points taken away for errors, students were given feedback. Dr. Johns indicated student feedback overall, is important.
2. Students requested clear faculty learning objectives, especially in the drugs they were expected to know. In CRRAB II, Dr. Trachte updated learning objectives to be more explicit to what students should be learning. This will be addressed in CRRAB I so expectations are clear.
3. Students felt there should be more time for this course because of how dense the material was. Students identified they did need more pathology which will be addressed. We cannot lengthen the course but with the elimination of redundancies, we will provide the additional pathology.
4. There was an issue with faculty PBL material being made available to students. There were errors in communication and students felt they were allowed to have access to those materials. In past and with other courses, learning objectives have been made available by facilitators. This prompted discussion regarding professionalism. The confusion came because there are not clear and consistent expectations for PBL in our curriculum. This process needs to be revisited on how PBL’s are to be run, what students will be told, how faculty objectives will come out. The inconsistencies have created a negative climate.
5. There were low student performances on quizzes and on exam 1. There were students at risk of not passing. Dr. Nordgren sent out a survey to the students to determine how they would like assignments graded. Based on this survey, the syllabus grading criteria has been updated based on student feedback.

Other:

- FOM annual review moved to January 9th CUMED meeting.
- Dr. Johns indicated the [1-Button Studio](#) at UMD is going live on January 10th. Dr. Johns will hold a session for

faculty. . . stay tuned. This will be an opportunity for faculty to provide flipped classroom sessions.

Meeting adjourned at 9:01 am. Next CUMED meeting: **Tuesday, January 9th @ 8am (165 Med)**.
Minutes transcribed by Brenda Doup and reviewed by Dr. Diebel (Chair) & Dr. Johns (ex-Officio)