

Education Council (EC) Meeting Minutes

March 21, 2017

EC members present	M Hilliard	A Calhoun
Y Shimizu	M Aylward	A Goyal
M Kim	M Wagar	A Severson
S van den Hoogenhof	M Hertz	B Nesbitt
J Tolar	C Howard	D Nascene
M Rosenberg	EC members not present	G Trachte
H Peterson	B Acton	H Thompson-Buum
B Benson	R Englander	N Neglia
S Katz	J Pacala	J Pearson
E Hoogard	A Pereira	J Reid
D Power	K Murray	K Crossley
D Patel	A Johns	K Dietz
J Andrews	J Nixon	R Cormier
H Kim	R Michaels	S Lava Parmele
J Benson	C Hedberg	T Stillman
S Slattery	J Gauer	W Jenson

February minutes clarification: MD/PhD does allow international students. Minutes approved.

We welcome new Ed Council member Jakub Tolar, Executive Vice Dean, Medical School

I. Clinical Track Discussion (20-30 minutes)

Hyun Kim & Eric Hoggard

Objective: Update from the Clinical Track Committee regarding committee members, process, and timeline. Input from Ed Council will be the main discussion.

The Clinical Track Committee has met two times and is looking for input from Ed Council. The committee is composed of 16 members, which is in need of representation from Duluth (Alan Johns is contact). The task force has looked at about 8 institutions to have an understanding of what they have done and to look at the promotion statements of clinicians and educators. July is the target date for setting promotion criteria.

These criteria do not require scholarship, as this is the baseline of the other track. This would be a 2nd non-tenure track that recognizes there are individuals who do 80%+ clinical and teach.

What is the envisioned pathway to advancement for clinicians/educations? What does the group believe in experience is important for the criteria? Comments?

- Do you foresee leadership roles as part of this track? (Ex: CMO). Yes, this is represented
- We have lost clinicians before or after promotion process
- What is promotion, what is it for? These need to be people who are not just being here and doing their work.

II. Step 2 Reports (30-40 minutes)

Suzanne van den Hoogenhof & Michael Kim

Objective: Update on USMLE Step 2 results and the effect of last year's intervention plan.

CS & CK: Step 2 clinical knowledge (interim report, most of 2018 class, number could change); Above the national average 2014-2015, 2016-2017

Step 2 CK pass rates have seen a gradual decline in the last 4 years, which has also happened nationally. We are currently equal to the national average. It should also be taken into account that the NBME has raised the passing score.

Step 2 CS pass rate information is provided as Pass/Fail, not on the 3 components. These went through chances a few years ago and scores have declined slightly. We are currently equal to the national average.

Step 2 clinical skills:

- ❖ Students have often failed in the past due to the communication/interpersonal skills portion (8 students this academic year, 13 last year)
 - Due to the communication skill failure 1/3 of class had the modified ready course
- ❖ Our integrated clinical encounter failures increased slightly
 - Previously this included patient feedback, but is now judged exclusively on the note
- ❖ Michael debriefs with each student who fails and have almost all performed well on the retake
- ❖ The failures have been noted as a result of several things which include planning by the students and under-preparedness

Areas for improvement: We do not punish the student if they do not use correct medical terminology, but the CS does. Students may need to do more SOAP notes

- ❖ A low CS score looks much worse to fail. It appears as the hardest to remediate/work on
- ❖ Students believe Step 2 CS is important, but do not understand what they need to know; putting it into the curriculum as a highlight would help

When is the best time to talk about the importance of the exam?

- ❖ Before clerkships? Intersession?

Updated plan in next months

III. IMER/GMER Update (20-30 minutes)

Cynthia Howard & Marshall Hertz

Objective: Update on the Global Health Impact Group (student led), GMER partnerships, preparation for the Global Health Elective, and their vision for the future

The powerpoint presented at the meeting highlighted the global health elective, partner sites, travel statistics, research and scholarship, and their vision for the future.

Funding for the program comes from the Dean for their time and donations from alumni and faculty for student travel. There is no funding to bring students to our campus, which was highlighted as an unmet need of the program. Dr. Howard estimated that it would cost about \$5000/month to have a Ugandan student come to campus. She also noted that it would help to have someone assist with publishing from the education faculty.

What would the pros/cons be of having one main site rather than several?

- ❖ Great strength in having one partner and we may be better partners to them

Continuing medical education or co-listed medical education courses are routes for reimbursements/costs.

How can we better get the message out to students regarding global opportunities? We should highlighting/distinguishing this