



Attended: K. Diebel, R. Christensen, M. Conlon, A. Greminger, N. Jauss, A. Johns, R. Michaels K. Nelson (rc), K. Nordgren, J. Pearson, A. Shaw, G. Simmons, M. Statz, G. Trachte, R. Westra

Absent: J. Boulger, P. Fernandez-Funez, R. Harden, R. Heuer, E. Onello

Welcome: Dr. Trachte entertained a motion to approve the meeting minutes of December 12th meeting.
Dr. Nordgren seconded the motion: All in favor of approval: none-opposed

December Updates:

- Dr. Diebel emailed medical students the URL to the CUMED web site to be able to view meeting minutes.

Update on increased class size:

- The original discussion was the TC would add 30 students over the next three years and Duluth would add 10 students.
- Dr. Michaels indicated this year the TC campus increased their incoming class by 5 because there were a higher number of decelerated students. With a new building, the TC will continue with the student increase. Dean Tolar has not provided alternative plans at this time.
- Dr. Michaels has expressed concerns regarding current onboarding issues that include background checks, finger printing, curriculum demands for community sites, preceptors and current space logistics etc. Student tuition is a revenue generator, and the reality on the Duluth campus is we don't have the clinical funding like a bigger school does. We are tuition sensitive and we have not had tuition increased in the past few years.
- Duluth will hold at a maximum of 65 students (increase of 5). Dr. Johns echoed the same concerns pointing out specific space logistics. The Space Analysis report has not officially been reported, however, we have limited space at many levels. Dr. Michaels indicated TC did not argue the fact of limiting to an increase of 5.
- Dr. Michaels pushed back with the TC on issues with non-resident waivers to justify the return on investment for why we have waivers to bring in non-resident Native American students.
- Dr. Michael indicated the Duluth campus needs to take a strong stance on where we are going in the future and how we need to get there. As a regional campus, we cannot follow along with what is happening on the TC campus. When looking at 3rd & 4th year scheduling lanes, the TC already has capacity issues.
- Dr. Michaels indicated Admissions is tightly linked into CUMED because of the logistics of curriculum. When changing start or stop dates, school's mission, courses, it has a marketing impact. Dr. Johns indicated with the LCME visit fast approaching, student input is significant. As changes are made that affect our student's responses.
- Megan Conlon, MSII, indicated the small group sessions are already large. Knowing smaller group sessions are more productive for student learning adding even 5 more students to the mix is a concern.
- Dr. Diebel indicated he received a request from Dr. Pereira wanting a CUMED report on the impact of increased class size. There was a subcommittee. With the leadership change to Dean Tolar, this topic has fallen to the side a bit. He will table the topic of increased class size unless he hears from the TC.

CUMED Communication:

- At the beginning of the academic year, there was a CUMED vote regarding updated protocols for tagging exam questions in ExamSoft and exam reviews. Dr. Diebel is having a difficult time communicating this to all faculty even with the transparency of CUMED meeting notes and going to Faculty Assembly meetings. The Office of Medical Education had the information in their fall newsletter. There continues to be old exam question requests on updating session ID numbers, etc. The new protocol eliminated session ID#'s and going with session names. The support staff were invited to tagging training sessions but seem unaware of the change that took place in CUMED. How can we better communicate these types of changes to faculty and staff?
 - Dr. Nordgren indicated as a Course Director, they could provide the user guides on the exam question/review protocol. By doing this each time, it will begin to become a norm. Dr. Greminger does provide the new guides when she requests questions

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- Dr. Johns indicated not all Course Directors are members of CUMED. Dr. Trachte had the new protocol but the challenge was getting the exam questions from faculty timely. Dr. Shaw indicated tagging is left to Course Directors and support staff. Dr. Trachte leaves the tagging to support staff.
- Dr. Greminger has also experience varied issues on getting exam questions from faculty. Dr. Shaw provides all involved faculty expectations at the beginning of her course. A reminder is sent about a week before questions are due and 1-2 days before. There is some harassing going on to get the questions.
- Dr. Pearson indicated there are many exam questions that are not set up as board style questions. Course Directors usually re-write them. A template needs to be sent out to all faculty/clinical faculty each time exam questions are requested. Amy Seip includes a template to all clinical faculty mailings as well as an addendum of a sample question. Dr. Westra will have this template sent out to CUMED members for review and further discussion to standardize the process. Dr. Johns indicated he would come up with a template of a process to present at the February meeting. Teaching is only half the responsibility, faculty need to be assessing teaching style and how students perform on exams.
- It is suggested Department Heads present new guidelines at their department meetings. Dr. Diebel indicated he can forward new guidelines to the Department Heads asking them to share this with department faculty.
- The ExamSoft platform upgrade is postponed due to fixes. The tentative time at this point is summer 2019.

Student Update:

- Rachel Heuer, MS I and her peers are out in community sites this week and no updates to report.
- Megan Conlon, MS II reached out to peers and no students responded.

Annual Course Report:

Foundations of Medicine: presented by Dr. Aubie Shaw

- FOM is a 7-week course and goes from August 21st – October 6th.
- The format of the lectures was not changed from the previous year.
 - 131 hours of lecture, 14 hours of case-based learning, 8 hours of individual/small group sessions
 - There were 11 in house faculty and 1 clinical faculty.
 - 64 students with 63 passing and 1 successfully remediated.
 - Discipline time includes what was presented in case based sessions. (Course Directors were reminded the totals in the ACR reports are used for the annual curriculum report as well as LCME reporting. It can be difficult to assess disciplines. Dr. Kaz Nelson is not aware how the calculation are done on the TC campus. Brenda Doup indicated when a session is opened in Blackbag, it allows faculty the opportunity to select the disciplines, systems that are covered in that session. Time is tallied as the session time; however, reporting can identify sessions with multiple mapping. This helps identify integrations).
- Successes of the course: Dr. Shaw attended nearly all FOM lectures. Drs. Nordgren and Regal spread out the pharmacology content over 6 weeks. This was based on student course evaluations from last year. The course included more clinical/patient information in cases. Students were given 1 full day with no lecture before the final exam. There were 57 (out of 64) students evaluated the course. There was a student incentive to complete the course evaluation: random drawing for 2 Amazon gift cards of those who completed the evaluation. The evaluation identified students liked the weekly exam review sessions.
- Dr. Diebel was wondering if a pre-test was given the afternoon prior to an exam review if that could be used as a student self-assessment. Dr. Shaw will be asking faculty to provide self-assessment questions and she will try integrating this type of self-assessment as early as next year. This may help re-direct how students participate in exam reviews and focus on the important concepts.
 - Dr. Diebel also used the gift card incentive for Skin/MS course evaluations. Skin/MS received 53 student evaluations. Dr. Pearson has used lunch as an incentive in the past.
- Improvements being looked at are providing more non-graded assessments. Change faculty that cover “Transporters”, “Ion Channels”, and “Cell Signaling” content. Improve organization of the “Intro to Immunology” and spread this material out over 4 weeks. Add 8 hours of pathology content.
- If the class size is increasing by 5, the testing spaces in 68 med are already at its max at 62 and not sufficient for 64 students. There may be students with accommodations testing in other rooms which makes room 68 Med work. Dr. Diebel indicated the center podium can also be used.
- Dr. Greminger indicated faculty need clarity of expectation for submitting exam questions. A standard guide should include board style exam question writing formats with examples.
- Dr. Trachte indicated getting any exam question from faculty or clinical faculty is the hardest part of being a Course Director regardless of instructions.
- All courses heavy in lecture hours, should consider adding other methods of instruction. With new faculty hires, we should discuss opportunities to incorporate more active learning patterns.
- Dr. Trachte discussed a jigsaw method where groups would have different problems, the groups would come together and put together a bigger picture. Dr. Fitzakerley ran this type of activity for pharmacology as an option.

Other:

- The “Intro to Rural Family Medicine” course name has been changed to “Introduction to Rural Family Medicine and Native

American Health Care”. In the last three years, the Native American component has been delivered in the course. The name change better reflects the course content and the Duluth school’s mission.

- Dr. Statz questioned course budgets. Brenda Doup will send her the Social & Behavioral budgets.
- Dr. Diebel would like CUMED to discuss standardizing PBL. From a facilitator standpoint, there is a lot of area from case to case, course by course where there is a lot of variability. Faculty and students are not always given every tool needed to help facilitate/master the case robustly. A sub-committee of faculty can help create a platform with minimum standards for PBL: i.e. number of groups, what acronyms can be used, what tools will be used to teach adult learning skills associated within the fold of PBL cases.
 - Megan Conlon, MSII, indicated the biggest barrier in PBL was some faculty have expertise in a case while others do not. Other faculty dig in and are a part of the conversation while others do not. This is a hard piece to standardize. The easier way would be for faculty to be more silent, however, this does not lend itself to the learning aspect. Dr. Trachte emphasized, PBL is supposed to be run where the facilitator is more silent.
 - Dr. Pearson indicated a sub-group should determine what amount of faculty presence is needed during PBL given the number of faculty hours it takes. Dr. Trachte indicated the first case does need facilitator assistance. By the 7th case, the facilitator would not need to be there for most of the cases. The beginning template would identify the course or start of PBL. If Neurology Medicine is the start, include the first 7 cases and follow suit from there.
 - Dr. Nordgren; a facilitator’s responsibility is to insure students stay on track and are able to get the next step within cases. Once the PBL groups get into a groove, students can be more self-regulated. It is conceivable to create a system where a PBL group goes through their case step by step. The process will self-regulate their learning. A student lead could be identified in each group. The issue has always been the learning that comes from PBL and how faculty intensive it is given. Facilitator involvement does change the learning experience in each group and does disrupt the expectations across courses as well. Creating standards will help.

Dr. Diebel will email the CUMED group to see who is interested in being a part of a sub-group to participate in identifying PBL standards. Megan Conlon, MSII will also send out a request to MSII students to see if 3-4 students may be interested in sitting in on the sub-group. Dr. Shaw indicated a variety of students as not all students liked PBL.

Meeting adjourned at 8:58 am. Next CUMED meeting: **Tuesday, February 13th @ 10am (165 Med).**
Minutes transcribed by Brenda Doup and reviewed by Dr. Diebel (Chair) & Dr. Johns (ex-Officio)