



CUMED 5/09/2017

Meeting was called to order at 8:04 am

Attended: K. Diebel, A. Johns, K. Nordgren, J. Pearson, E. Onello, A. Shaw, G. Trachte, C. Weber, R. Westra, K. Krasaway. **Absent:** J. Boulger, R. Christensen, M. Conlon, R. Harden, R. Michaels, K. Haas (TC)

Welcome:

Dr. Nordgren entertained a motion to approve the meeting minutes of April 11th. Dr. Trachte seconded the motion: All in favor of approval: non-opposed.

Student Update:

CUMED student representative was not available for comment.

Education Council Representation (Term: Fall 2017 to Summer 2020):

Dr. Diebel and Dr. Christensen will be the Duluth CUMED representation on the Education Council for a 3-year term according to the By-laws. The term begins Fall 2017.

Exam Review Protocol:

Drs. Pearson and Diebel encountered an issue in the Neuro Med course where the first three Neuro exams (with answers) were posted to a student Facebook page a week before the final exam. The student who did this was not entirely clear on what the rules were. The Honor Council met to discuss the ramifications to the student. What came up as part of this discussion was lack of clarity in the Honor Code and the consistency of exam reviews, i.e. one course, students could review from their home. The expanded conversation is how we map out and clarify what is or is not OK.

- Dr. Pearson became involved with the Neuro course incident as a Faculty Advisor to the Honor Council. The incident was not mal intent by the student but is a lapse in professionalism. The course information that was posted on Facebook alerted other students and is how the incident came to light. This incident has put into question the validity of all the exam questions in Neuro moving forward. Drs. Diebel and Fernandez-Funez will be dealing with this next year as the information was very specific.
- Dr. Onello is concerned on the logistics of how a student obtained this information. Dr. Pearson indicated Course Directors do exam reviews in different ways. Exam reviews can be computer based or in paper form and outside a Course Director's office, etc.
- Dr. Diebel indicated during exam reviews on the computer students are not able to communicate learning concerns electronically on about an exam question. In Neuro, Dr. Diebel began providing one paper copy of the exam per table (in room 68). Students began asking if they could have a last opportunity to review the exam paper copies before the final exam. Students were required to come to Dr. Diebel's office to sit outside his office to review the exam. Students are expected to follow the Honor Code. From the time between the computer exam reviews and the paper reviews, every question for the first three exams were copied.
- Drs. Pearson and Diebel presented a "draft recommendation for exam review protocol" and a recommendation to use same wording for ExamSoft and to the Honor Code. This will help to secure the validity of exams. We need to be stricter on how exam reviews are done and provide clarity.
- Dr. Pearson indicated the language used at the beginning of each ExamSoft exam includes the Duluth Honor Code, however, this verbiage does not show during an exam review. The recommended proposal includes more specific details of what they can and cannot do.
- Dr. Nordgren agrees the Honor Code needs to be revised to include forms of cheating and sharing of confidential

information. Drs. Nordgren and Trachte have had issues with students sharing materials (faculty PBL objectives) in CRRAB I. Students may not be aware that sharing of this information is a form of cheating or a violation of the Honor Code.

- Both classes have been emailed a reminder of the Honor Code and what is considered a breach.

Discussions:

- During a paper exam review, the Honor Code document could be provided on top of the exam. These exam reviews must be proctored.
- Dr. Trachte indicated all courses have lost their credibility to some degree with the way some exam questions are used. One solution Dr. Fitzakerley has used is altering between two sets of exams (every other year). Our students are smart. When we create exams, we need to periodically add new questions/have alternates.
- Blackbag exam reviews allowed student to submit their comments online. ExamSoft does not have this capability.
- The TC reviews are proctored and students are provided with a 3x5 card to write a challenge to a question. Dr. Nordgren does not want to add more time for anyone, however, suggested students be provided with paper to write down their questions and hand the paper in at the end of the review. This will provide students with an outlet to their outcomes. Dr. Pearson likes the idea of a challenge card. Dr. Diebel feels the exam reviews are not to challenge questions but a time for students to review the questions and learn why they missed a question. Again, the spirit of the review is to reflect not to challenge. Students also learn from each other. Although the reviews are a means to challenge a question it should not be presented as this.
- Dr. Diebel indicated he has used the Active Learning Classroom and given students access to a copy of the exams one last time to allow students to review concepts. He wants students to be able to review their mistakes, he allowed students to take notes, not knowing students would cheat.
- Dr. Johns added, in the past year: there were a total of 2307 exam questions in years 1 and 2. Out of that 66 (2.9%) questions were challenged, 43 were dropped, 12 had multiple answers and 11 changed answers. We have had a small amount because it may be more difficult to challenge questions.

Summary:

1. Recommendation for the Honor Code to be displayed (brought forward) during exam review process.
 2. Do not allow reviews of paper copies of the exams outside of a proctored room.
 3. Paper notes allowed during a proctored review but not taken outside of the exam review room.
- Dr. Nordgren indicated if we do not allow students copies of exams, there may be two issues:
 - for students who take the exam at an alternate time
 - it is beneficial for the students to review exams before the final exam. . . what would the process be? 2nd review?

The proposal is up for discussion if students should be allowed to have paper during the review.

A subcommittee to draft a detailed proposal was created.

- Members are: Drs. Diebel, Pearson, Nordgren, Shaw.

Case Based Learning Mini Retreat Planning:

- The Case Based Learning Mini Retreat is scheduled for June 15th, 1-4 pm (the best for most members). Dr. Diebel will not be available, Dr. Johns will facilitate the mini retreat.
- Based off suggestions from the April meeting, the “Case-Based Learning Form” is ready to be populated. An email will be sent to members with a link to the Google form and the Google folder where the database will live. Anyone with the link can access the front end of the form to input cases. Only faculty have access to the backend database with all the information.
- The database will have the case, title, learning objectives, course, authors, discipline, systems. The form will take approximately 1-2 minutes per case if all the information is on hand.

- The folder will ultimately provide a case inventory at the start of a case review process. Members can jump into the logistics of case(s), placement and content.

Mini Retreat on Active Case Repository:

- Dr. Pearson will be presenting the 2 years of student surveys on case formats at the June 8th meeting.
- Dr. Diebel suggested cases be entered prior to the next CUMED meeting on June 8th. An email will be send out to all Course Directors with the link to the form and with a due date.

Annual Course Reports:

Dr. Weber presented: *Social Behavioral Medicine II:*

The course covers: treatment, interpreting literature, stress, collaboration/opiates/treating pain, alcoholism, sleep, diversity, spirituality, ethics, interpersonal violence, law, health care and rural medicine.

- Students exam performance was 80-106 points. Mode: 102, Average: 94.
- All students passed and 8 students received an Honor grade.
- Student course evaluation received 26 responses.
- Areas of strength:
 - Course objectives were made clear to me: 4/5
 - Graded Assessment appropriately tested the course objectives: 4/5
 - Public health topics were integrated within the course: 4.2/5
 - I felt comfortable asking the Course Director for help: 4.3/5
- The lowest areas:
 - There were adequate opportunities for non-graded self-assessments: 3.4/5
 - The exam review sessions facilitated my learning the course material: 3.4/5. The course did not offer an exam review session. Students were given the idea of areas they should focus on for the exam.
- The student evaluation of presenters:
 - Ratings ranged from 3.3/5 to 4.5/5
- Comments on the course and faculty were strong. Students liked the organization of the course.
- Dr. Weber indicated the lecturers were easy to work with and accommodating. Tech support was great and having a student in the class who was tech savvy was great, especially when a guest lecturer was presenting.
- Suggestions for improvement: Students want to be sure the NBME Step 1 material is covered. Dr. Weber has identified this weakness in the course and is working to improve course content going forward. Dr. Johns added past students have consistently done well in the behavioral health on the NBME Step 1 exam.
- Dr. Weber would like to integrate behavioral topics where they are more relevant throughout the curriculum, i.e. depression, psychosis in Neuro where the drugs can be better understood.
- It would be beneficial to test the statistical questions throughout the two years.
- The areas of soft topics, i.e. interpersonal violence, law could be integrated in the curriculum as legal issues relate to medicine.

In summary:

- Motivational interviewing may be better in April when clinical issues is taught or possibility of having this in October when students begin their first interviews.
- More integration on interpreting professional literature to make informed decisions.
- Stress: Understanding one of the most common mental health issues that physicians will see in the office and ER.
- Collaboration/Opiates/Treating Pain: Dr. Weber has reached out to the College of Pharmacy and created collaborative sessions. Dr. Weber arranged and matched pharmacy students (who participated in the Fall 2015 rural site visits the previous year) with the MS II medical students whom when out to the same rural sites. The students were asked to come up with the social determinants of health within the community they visited. The group was then asked where they would refer patients to with opiates issues. Students had a series of questions and simple case studies to go over and discuss. Each group had discussions about the findings to be more interactive experience.

Dr. Weber conducted a survey of the students on the assignment. The student feedback on this activity was very positive.

- Dr. Onello thanked Dr. Weber for taking the initiative to bring the Pharmacy and Med Students together for this collaborative exercise. She was unaware and this was a great idea.
- The College of Pharmacy are very interested in the interprofessional collaboration.
- The medical students did a similar exercise with drug and alcoholism and how to handle patients. A three hour GLBTQ/Diversity session identify strategies for creating an inclusive patient-centered medical practice. A student also brought up the idea of including those with disabilities. Dr. Weber indicated this could fit into the time allotted.
- Spirituality and ethics is an area the students were not comfortable with. Dr. Elliott does a great job bringing in religion, ethical and legal boundaries.
- Lecture on Law covered on patient rights, legal terms, malpractice death, and divorce.
- American Health Care System was covered on funding of rural practices, policies that support and impact the role of rural health professional organizations in development of health policies.

Dr. Johns stated when filling out the LCME accreditation documents, the topics mentioned are LCME Hot Topic items and we are asked to identify where they are taught in our curriculum.

Dr. Diebel suggested Dr. Weber, Dr. Beeler and Dr. Fernandez-Funez meet, as there is a lot of opportunity for integration of behavioral material. Dr. Trachte indicated there is also opportunity for behavioral integration in CRRAB courses.

Dr. Skildum presented: *Gastrointestinal Medicine:*

This is a second-year course, spring semester, January through mid-February. The course covers the normal physiology and pathology from the mouth to the anus.

- The course was successful in its objectives based on students meeting competencies on exams.
- Students expressed satisfaction with the course, 4.3/5. Student participation 26/63.
- Renovation of the course was done the prior year to Team Based Learning (TBL) or case based literature methodology to Problem Based Learning. This was carried forward this past year. Student received the style of learning well. Dr. Skildum recommends keeping this style.
- The major problem of the course is the quality of exam questions. Many of the exam questions are flawed. This became an acute problem with remediation. For the remediation, the quality of the exam questions made it difficult to make a good judgement in the situation. It is appropriate for clinical faculty to write exam questions that require expert knowledge in the topic, however, it can be difficult at time for a Course Director to judge if the question is fair. Basic science questions and clinical type questions can be very different. Dr. Skildum suggest there is a question writing symposium were clinical faculty are invited to learn how to write a good question as well as what level our students are at. We have clinical faculty who want to teach here and this may provide some leverage to ask them to participate in a workshop.
- Dr. Pearson adds most clinical faculty lecture for nothing or they receive a small stipend. One of the discussions/issues that has come up with clinical faculty is the lack of having a clinical faculty guide. Clinical Course Directors could provide some resources to clinical faculty on how to write good exam question, etc. We need to be consistent across courses. Dr. Johns indicated we need to strongly encourage clinical faculty to participate in these workshops.
- Dr. Westra encouraged Course Directors to use Clinical Course Directors assigned to courses. Their goal is to screen clinical faculty materials and exam questions.
- Dr. Trachte states the NBME Step 1 shows GI has performed well. This is a course that has done a good job preparing the students for the Step 1 exam. Dr. Johns indicated the history of the GI course was created by the clinical GI faculty at Essentia with a lot of input from the Course Director and involved faculty. Clinical faculty are engaging even though their questions may be poor.
- Dr. Pearson indicated we are currently dealing with a lack of a pathologist. As we move forward, for contracted faculty are assigned, they need to take part in a question writing development. Dr. Trachte indicated clinical input is reasonable in some basic science questions. It takes time to write good exam questions.
- Dr. Diebel indicated clinical faculty can make upward of 15-25% of all exam questions.

- Students do well on the in-house faculty questions and poorly on the clinical questions. When we do not use in-house faculty it's like failing our students. Clinical faculty should not be able to fail a student. Dr. Skildum indicated it is not a good approach to rely heavily on contracted or clinical faculty. If clinical faculty want to be involved in academic medicine, we need to provide an opportunity for them not the reverse.
- Dr. Weber indicated she had 14 outside faculty come in to teach Social Behavioral II. Dr. Weber screened all their material and exam questions and made adjustments as appropriate. This can be tricky on many levels.

Dr. Shaw presented: Hormonal, Reproductive Medicine:

Presentation moved to June 8th meeting.

Curriculum Updates:

- Dr. Johns presented the AY 2016-17 Mediasite analytics (recorded lecture data). Total student reviews: 8452. The numbers of reviews dramatically increased in the second year and seem appropriate. The large amount of reviews in MS II was identified in the renal physiology lectures. The GI and HRM had an increased student reviews as well. Students do not seem to be replacing going to lecture but reviewing material on line.
- Dr. Johns will send the overview data to the faculty.
- Questions to for the group: Is this technique of value for our students to use, is the lecture time and review rate within reason, can we change how curriculum is delivered, i.e. reverse order by students watching a video with group discussions?
- The MS I students are reviewing bits and pieces of the recordings an average of 30 minutes, while the MS II students have an average of 45 minutes which can indicate the students are reviewing them in different ways.
- UMD is creating a “One Button Studio” (recording studio for lectures) and should be available by August 2017. This will be located in the UMD Library. More information will be provided when available.
- The raw Mediasite Analytic report is available to CUMED (faculty) members; the file is large and will not open in Google Docs. Download the document to review granular data by course. *The document has student specific information and should be kept confidential.*

Mediasite Stats AY 2016-2017	MS I Overall	MS II Overall	Total
Total Student Views	2675	5777	8452
Total Time Watched (hours)	1460	4199	5579
Mean Length of Views (minutes)	33	43	40

MS I	FOM	Neuro	Skin/MS	IHO	MS I Overall
Total Student Views	783	1294	598		2675
Total Time Watched (hours)	391.5	787	281.5	Pending	1460
Mean Length of Views (minutes)	29	36	28		33

MS II	CRRAB I	CRRAB II	GI	HRM	MS II Overall
Total Student Views	762	1630	1576	1802	5770
Total Time Watched (hours)	420	1151	1182	1366	4119
Mean Length of Views (minutes)	33	42	45	45	43

Other:

Dr. Trachte indicated although students use the USMLE First Aid to Step 1 as a study guide, the book is not a course design book and there are known errors in the book. We want our students to become great physicians and not physicians who are trained by a practice guide.

Meeting adjourned at 9:03 am. Next CUMED meeting: *June 8th @ 8am (165 Med).*

Minutes transcribed by Brenda Doup and reviewed by Dr. Diebel (Chair) & Dr. Johns (ex-Officio)