

Meeting was called to order at 8:02 am

Attendance: Dr. Diebel, Dr. Onello, Dr. Pearson, Dr. Severson, Brad Clarke, Dr. Trachte, Marlee Novak (MS II), Kate Krasaway, Dr. Walls, Dr. Johns, Dr. APrunuske

Absent: Dr. Onello, Dr. Boulger, Dr. Westra, Dr. Michaels

Meeting Minutes:

- Dr. Johns: The April meeting minutes will be available at a later date.

CUMED Chair Nomination:

- Several CUMED members nominated Dr. Diebel to Chair CUMED. Dr. Diebel accepted the nomination beginning in Fall 2016.

Grading Policy:

- Dr. Johns proposed the Duluth, Year 1 & 2 grading policy be changed to a P/N (pass/not quite there). This topic has been brought up over several years.
- The process for Honor grading is inconsistent across courses (including the TC courses). Currently, Honor grades are given at the discretion of the Course Director. The rationale for a grading change is student wellbeing and the variability of how Honors is given across the curriculum.
- Currently, students must obtain 70% pass rate for cumulative points for the course and the final exam.
- The value of Honor grades in year 1 & 2 has been covered in several articles. Dr. Johns provided articles from Michigan, Virginia, Mayo and a 7-school study. All the articles demonstrated there was value in having a P/N system (over other multiple grading levels) in respect to student collaboration and wellbeing. There were no detrimental effects to residency match or National Board Step 1 scores (NBME) with a P/N system.
- The AOA uses Honors and it is not quite known how they use the information as students are getting in when a P/N system is being used. We do have student ranking information that could be used instead.
- Dr. Johns presented a report from the AAMC Curriculum Inventory showing the latest grading trends for medical schools. Out of 141 medical schools represented, 87 of them are on a P/N system for the pre-clinical curriculum (years 1-2). The second most common grading system is the pass/no pass/honors.
- Residency Match Program Directors were surveyed in 2014. Response rates were 40-60%. The survey shows the NBME Step 1 score and rank is the most important in selecting applicants to interview for residency. The survey overall shows grading in the basic science years 4th from the bottom (2.4 rating of all) for selecting applicants. Less than 20% of the residency match considered Honor grades.
- The TC campus have Honors except in the ECM course. The reason they have retained Honor grades is students request. Students felt Honor grades are an advantage. Course Directors do not give Honors unless students fulfill professional responsibilities, i.e. complete course evaluations. TC has a high response rate to evaluations.
- HRM course in Duluth also uses the completion of the course evaluation as professionalism and links this to giving Honor grades.

- Establishing a grading policy needs to occur on both the DU and TC campus. There is a mechanism for DU to change this. CUMED could pass a proposal for a P/N grading system.
- There is a value in competency based curriculum. Dr. A. Prunuske has seen a difference with students doing the minimum and students who were fully engaged. This was reflected in how student scored on various assessments. Without Honors, she is not sure if there would have been the same result. Dr. Walls had student feedback regarding scholarships and Honors.
- Dr. A Prunuske polled her students throughout GI and stress did not seem to be an issue. The comments received was they were more stressed in Undergrad classes. Student Council has discussed Honors and the conversation was more about “something to shoot for”. There will always be both types of students.
- Duluth processes class rank and notify students of these findings. This information can be used in place of Honor grades. Ranking is compiled using exam scores for required courses and shows overall class rank and rank within the disciplines.
- Dr. Johns indicated 2/3 of medical schools do not have Honors. Dr. Diebel encounters more students that are on the cusp of receiving Honors. Student stress is higher with the at-risk students trying to pass the course.
- Dr. Diebel indicated Honor grading and the overall stress of students seem irrelevant. The national rating (AAMC Curriculum Inventory report) shows a percentage where Honor grades do help them progress forward. Eliminating Honors does not seem to be a big stress on Course Directors or Students.
- Dr. A. Prunuske indicated we need a mechanism to keep students engaged. Grades are a way to engage students regularly. Dr. Walls added the Honor grade is the only discretionary tool for faculty. This allows Course Directors to reward students for excelling.
- Dr. J. Pearson indicated we need to be mindful of competency based curriculum. When we discuss competency based education, the essential piece is there needs to be time to progress through. Our curriculum is not set up this way. We would need to revamp the entire curriculum to be a competency based education. Dr. Johns indicated that this is a different subject for discussion.
- Dr. Johns asked members what grades they received on their Family Medicine boards. All said they passed but no one remembers Honor grades. Although some may remember their grades, there is value to the fact students come into medical school to achieve. We need to determine if we are going to set up a different construct in which to learn and create expectations within that context. If we have the literature and this does reduce stress, students will learn to function within.
- Career trajectory does shift to a P/N system. Dr. Pearson writes letters of recommendation and it is easier to spot the students who do stand out. The value can help when students want to stand out for various things in their career.
- Having Honors gives us two areas for Course Directors to rank students beyond class rank.
- Is being a physician more important than beating out your peers? Courtney Klinkhammer will check with her class for input. It is useful to get student input on their preference. Courtney will refer class input to Dr. Johns.

- There is an internal pride with Honors. Although there is an external trend, we want to keep students motivated. Internally, we want to be a physician and not be in competition with colleagues.
- There is various information available based on a need to construct a letter of recommendation. Dr. Johns will contact Dr. Michaels on the input of student stress and the impact. The Grad Questionnaire identifies student stress. Duluth has a better culture in dealing with student stress, however, we can do better to address student wellbeing.
- We give students feedback 3 times on how they are doing in courses and across disciplines (end of first year, end of second year and the NBME Comprehensive Basic Science Exam). As Blackbag is developed further, students will have the ability to check on how they are doing up to that moment. There could be more feedback given at the end of a course. Dr. Michaels and a faculty advisor can keep track on a longitudinal basis. At the end of the second year, it would be nice to sit down with each student to look at how things are stacking up going into year 3. Dr. Pearson indicated as a faculty advisor, the only thing they find out know is if someone is failing. This is not provided until after a student has not passed a class. She has not seen student ranking.
- Dr. Walls indicated there are one or two students who are very invested, however, there are those where professional issues arise frequently and there does not seem to be a mechanism other than going to Dr. Michaels. Many faculty do not know who a student's advisor is.
- If there are professionalism issues, Dr. Michaels is the right person and central. Dr. Johns indicated the Office of Medical Education does not deal with individual students but as a cohort of information. Dr. Diebel assured members that Student Affairs does look at grades as they are entered into Blackbag. Looking at the "big" curriculum competencies, professionalism is next to medical knowledge.

Workgroup Lead Visit:

- The three workgroups, initiated a year ago looked at quality improvement, patient safety, public health and interprofessional. Each work group has a lead. The Leads will be in Duluth, June 14th. Stakeholders should plan on attending to hear their findings and recommendations are. The time will be announced soon.
- Regional Dean Termuhlen started a Community Advisory Board, which included health, business and community leaders. They were asked what they would like to see taught in the curriculum. They identified public policies/health.

Blackbag Session Mapping

- Due date to map sessions in Blackbag is June 30th. Course objectives and PCRS are mapped and locked.
- Brad Clarke (TC) indicated once mapping is locked down, we will not lose data or break mapping sequence. When the courses are rolled to the next academic year, course and PCRS will remain locked and can be adjusted by a select few to insure mapping is not broken at that level. Session objectives will roll but be open to modify and save again.
- Blackbag how-to guides are being built. Any Blackbag page that shows a "?" in the upper right has a guide for that page.
- Members were reminded of the Blackbag resource page. Dr. Diebel suggested having a bullet point of the top 6 things that have to be completed for an upcoming lecture. When

do things need to be posted, how to map them etc. This may help outside individuals do their own mapping if there is more accessibility.

- External faculty working in Blackbag has been a hot topic especially with Auditors.

Other

- Dr. A. Prunuske is participating in the interprofessional case development from 1-2pm, May 11. If anyone is interested in attending, she is doing this in her office. Jan Miller, Ph.D., Director for Interprofessional Resource Center in AHC SIM Center: session overview: Health Science Educators in Teaching, Assessing and Researching Interprofessional Skills and Competencies using Simulations.
- Dr. Pearson asked if there are concerns by Course Directors about student professionalism and is it the preview of CUMED? Should this group be determining a formalized process to bring up professionalism concerns within courses? Dr. Johns indicated this is controversial but would be best handled by Dr. Michaels. Guidelines should be provided to help faculty deal with this. Dr. Johns indicated this is a future topic and he will discuss this with Dr. Michaels. How should faculty be advising Course Directors to give appropriate feedback?

Meeting adjourned at 8:42 am. Next CUMED meeting: Sept. 13th @ 8am.

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