

# UNIVERSITY OF MINNESOTA

## Medical School

DULUTH CAMPUS

CUMED 10/11/2016

*Meeting was called to order at 8:02 am*

### Welcome/Information:

- Announcing Megan Conlon as the CUMED MSI representative.
- Dr. Andy Skildum will be the Lead Course Director for the GI course and is not a member of CUMED.
- Guest: Dr. Robin Michaels welcomed and will provide information on Honor grade and the Student Affairs roll.
- The Student Manual 2016 has been added to the CUMED Google Doc file as an informational reference tool. Course Directors should align their courses syllabi with information found in the manual to elevate confusion with students and help create consistency.
- Course Director compensation has been approved for the required courses. At this time, the remedial process falls within this compensation. Compensation is not in a salary form but as a development/scholarship fund. The funds can be used for labs, travel, meetings etc. [Jim Keith](#), Administrative Center Director, is the contact for Course Directors at the end of their courses to begin the fund transfer process.
  - For Lead Course Director the amount is \$500 per week
  - Co-Course Director split the Lead Course Director amount (\$250 each per week).
  - Clinical Course Director amount is \$125 per week.
- Dr. Johns calculated longitudinal course days/hours and came up with weekly equivalents. This has been given to Jim Keith to use for the fund transfer purposes. Funds will need to be used within 2 years. Funds cannot be taken when a faculty leaves the University.
- The compensation calculation document will be added to the CUMED Google Doc file and the Blackbag resource site for Course Directors.

### Grading System:

- *Dr. Diebel presented a proposal/vote to change the current grading structure of pass/fail/honors to a pass/fail grading structure across medical school courses beginning with the Class of 2021. Current grading structure will remain for current students.*

To recap the last few CUMED meetings; the discussions fell into three categories:

1. Argument for change is the national trend: Articles have been provided to members on national trends of a pass/fail system. In 2014-15, 51% of the US medical schools are doing a pass/fail system, NRMP Program Director surveys in the past few years identified Honor grades are not looked at in the basic science years as a factor for residency.

2. Inconsistencies on grading across courses. Not all DMED courses currently offer Honor grades. AOA is not a factor in a pass/fail grading system. Students may not be heavily vested in knowing what Honor grades mean other than showing on a transcript. Survey of the Class of 2019: 61% of the class supported a pass/fail grading system. Written comments were split. Those against the change (39%) commented Honor grades make you work harder. Students would continue to work harder because of the USMLE Step 1 exam.
3. Student Wellbeing.

Additional Discussion:

- In 2015-16, DMED had 22 courses and only 10 courses gave out Honor grades. Out of the 10 courses, Honors ranged from the top 10% of the class to the top 40% of the class. There is no continuity how Honor grades are achieved. Eliminating Honor grades would eliminate inconsistencies.
- Eliminating Honor grades reduces student stress and national research shows had no effect on the National Board of Medical Examiners Step 1 scores.
- High-Honors identifies lower achieving students.
- Dean's letter, traditionally identify Honors based on the class average for Honors.
- Dean's letters are becoming less effective as they do not identify struggles or weak areas students have. The recommendation template for Dean's letters is to report academic difficulties of what took place and an opportunity for explanation. If there is an extension (deceleration) of a student this is now deliberate.
- The Alpha Omega Alpha Honor Medical Society (AOA) is calculated based on earned points. The AHC calculates scores. Honor grades are not needed to calculate AOA. Honor grades do not give bonus points. Points are from exam calculations. Duluth students are provided with their point rankings. This helps students see their strength and weaknesses in disciplines/systems and where they stand among their peers.
- Brad Clarke, TC, indicated moving to pass/fail is the first step towards competency based grades.
- There is a recommended Dean's letter structure.
  - Use of competency instead of Honor grade. The Dean's letter structure will compliment this. Dr. Michaels will provide sample templates of Dean's letters to members.
  - Pre-clinical course work is a paragraph with no graphs. The qualities of a pre-clinical years are generalized on a pass/fail grading system.
  - The "clerkship" portion of a Dean's letter provides the mapping of clerkship grades that include Honors.
  - Clerkship Directors, at national meetings, indicated if grades do not provide them with the information they are looking for, they go directly to the USMLE Step 1 score. The emphasis becomes the Step 1 score and standardized tests.
  - Stressor levels of students is complex and can be more structural in how courses are organized. Stress can be related to achieving Honors in pre-clinical years and there is literature to suggest this, however, the biggest stressors are control over one's life. We need to listen to our students to determine what their stressors are.
  - Dr. Michaels encouraged members to review the recommendations for the "new" Dean's Letter format. Dr. Darrel Kirch, President of the AAMC, supports the

grading recommendations of a competency based grading system. Dr. Michaels will provide members with the report.

- There will/may be larger conversations at the AHC level as Residency Directors do look at Honor grades.
- Next steps:
  1. Bring the CUMED motion to the Education Steering Committee,
  2. Present the motion to the Scientific Foundation Committee (grading policy must be the same on both campuses).
  3. Goes back to the Education Steering Committee
  4. Present the CUMED and SFC motion to the Education Council for final approval

*Dr. Kendra Nordgren motioned to approve a Pass/Fail grading system, beginning with the Class of 2020 (Fall 2017), Dr. George Trachte second the motion. All in favor, none opposed.*

Dr. Johns will bring the unanimous motion for a Pass/Fail grading system to the Education Steering Committee the week of October 17<sup>th</sup>.

### **Formalized Course Review Process:**

With the recent turnover of Course Directors, the potential benefits of a course review process would improve course delivery. The process of sharing information across courses on what works and what does not.

- Dr. Diebel's current process:
  - Course ends, determine student grade, prepare for remediation exams if necessary, reflect. The CourseEval findings are available two weeks after the course ends. Followed by completing the Annual Course Report (ACR-required by LCME Accreditation). ACR report form is found in Blackbag under the Course Director, FacStaff Resource page. The ACR reports are required to be presented at CUMED. Course Directors have not been doing this.
- The proposal is to have a meeting(s) at the end of courses to include Student Affairs and Office Medical Education Deans. Coordinating better outcomes for students/remediation/reviews etc. Discussing what the challenges are and actions that can be taken before a course is re-cycled into the next academic year.
- After these meeting(s), the ACR would be completed then shared with CUMED members. Collaboration to enhance the flow of the curriculum
- The incentive for going through this process is to have a minimum required checklist of how to go through a course review process. When the process is complete, the Course Director(s) compensation is released. Course Directors would have to full fill the review process to close out the year.

### **Discussion:**

- Course Directors should be talking to each other about courses all along. Working together to come up with solutions in every course. Students should also have an active role in the process.

- Course Directors are good about feeding back information to Student Affairs about students who are struggling. The conversation between Student Affairs and students is to go back to the Course Director to find out where the deficiencies are.
- The ACR form is self-reflective on how you (Course Director) coordinated the course. It is a way of looking at territories of a course. Course Directors should be looking at what went right, what went wrong and an action plan. When presenting the course, the following year, pull up the previous years' ACR to see if you have made the actions stated.
- CUMED is an accountability committee to each other for curriculum. ACRs provide great ideas when the reports are shared with other Course Directors. The ACRs are an expectation that a Course Director should be doing. This is a review of your course. Bringing the report to the group provides an opportunity to share ideas of what worked.
- Past Chairs of CUMED have begged Course Directors to do ACR reports. Not all Course Directors comply. We need to get back to what is effective; what they learned, are they happy? Student evaluations are more than just a student survey. Course Directors need to put into context the student feedback and the mechanics. Short term learning and long term retention are two different things.
- Students in medical school bring their experience. Student evaluations need to be taken in the right context. The LCME does ask us about student evaluations. Students will be on an LCME committee about curriculum. If students do not feel valued in their opinions, students will not fill our surveys. Duluth students responded poorly in the GQ survey (60%). Students think we don't value their opinions. Course Directors and involved faculty are accountable to our students regardless of how long they have been in medical school.
  - Is it beneficial to share ACR reports as a presentation format in CUMED?
  - Just provide the ACRs as a supplemental reading, open invitation at CUMED meetings and discuss findings.
  - How do we train the new Course Directors?
  - How do we close out a course and begin prepping for the next AY that would be beneficial?
  - A review with the Curriculum Office should be required for guidance for new Course Directors. New Course Directors do not know what the larger impact/outcome will be 4 years down the road. Guidance would be helpful. This would open a channel of communication and provide any issues hot off the press (early warning system) from Course Directors.
  - Would it be helpful to have a mini DU Course Symposium; Course Directors giving 3-minute talk about their course?

### **CUMED Topic Survey:**

Few members completed the CUMED Topic Survey. With little response, Dr. Diebel would like members to share issues of what is/has been happening within each course.

1. The few members identified they want to know what to do with Exam Soft questions from former faculty members.

2. Course presentations to be given to CUMED at the end of a course; i.e. 3-minute course presentations. Discussions will take place on what is working, struggles and what is not working.
  - TC requires 10-15-minute course presentations followed by a 10-minute discussion time by each Course Director. This has to be done once every 2 years. Presentations are working well. There are approximately 23 TC Course Directors. The TC has approximately 1 new Course Director a year.
  - In Duluth, there has been a high turnover in Course Directors and to move to a 2-year presentation timeline is not appropriate.
  - A yearly curriculum report needs the ACR reports. This report is prepared by Dr. Johns and does go to the TC.
  - Student course evaluations are completed 2 weeks at the end of a course. The ACR presentations to CUMED should occur the following meeting (4-6 weeks after a course ends). CRRAB I and FOM would be presented at the November 7<sup>th</sup> meeting.
  - There needs to be a period of time new Course Directors meet with the Associate Dean for Medical Education. There are areas that can be solvable with these meetings. Student Affairs is open to meetings as well.

Dr. Diebel, Chair, reiterated, as a group this meeting shows we all want to collaborate together and talk about the courses. This is an achievement and look forward to hearing CRRAB I & FOM presentations

Dr. Johns would like members to email him on what information they would like to see come from the Office of Medical Education.

Meeting adjourned at 8:58 am. Next CUMED meeting: November 7<sup>th</sup> @ 8am.

*The CUMED Attendees and Absent data can be reviewed on the CUMED Attendance doc in CUMED Google file. Minutes transcribed by Brenda Doup and reviewed by Dr. Diebel (Chair) & Dr. Johns (ex-Officio)*