

**Scientific Foundations Committee
Meeting**

November 4, 2011

7:30 – 9:00 am, B-646 Mayo

In attendance: L Anderson, A Belzowski, A Blaes, B Clarke, E Coleman, A Edvenson, G Filice, S Katz, R Kempainen, K Lee, A Minenko, C Niewoehner, J Norrander, P Southern, D Wangenstein, K Wickman, M Woods

Absent: S Allen, G Giesler, A Johns, S Levine, T Mackenzie, J Pacala, D Powell, M Sanders, L Schimmenti, K Watson, T Weinhaus

Action Items (for November 4th meeting - details of discussion below)

LCME: ED-32 Narrative summary of students' performance, policy and procedures

- Through discussion it was determined the narrative non-cognitive statements would be required only in courses with small groups of 10 or fewer students, that meet 5 or more times with the same instructor. Dr. Woods suggested implementing for the Spring Semester narrative feedback for FCT and ECM as the two venues currently in place, consistent with the Policy and the parameters above.
- Further examination of how this could function in other courses will be assigned to a work group. They will be charged to bring back their findings for discussion during the Spring semester for possible implementation for Fall of 2012.
- This Policy/Procedure discussion will go back to the EC to update them on this Committee's decision to move forward using the narrative feedback for Essentials of Medicine (ECM) and Foundations of Critical Thinking (FCT), to begin in the 2nd semester of AY2011-12. She will work with HD-3 and HD-4 course directors to determine if they want to develop a "pilot" project and if so what aspect they will study. Request a work group be established with the goal being to give SFC members an opportunity to consider use of the "non-cognitive narrative feedback" in other courses.

Years 1-4: Mid Course and Clerkship Feedback Policy,

- For many courses there are quizzes and/or mid-term exams that serve as feedback for students to judge their progress. Mid-course feedback doesn't have to be written. Generally for this new policy, Years 1-4: Mid Course and Clerkship Feedback Policy, most Yr-1 and Yr-2 courses are in compliance.
- Weekly quizzes are excellent; they fit the LCME requirement for a format that has visibility for students to use as indication of their progress.

Governance and Curriculum Oversight

- Document and structure will be discussed in greater detail at the December SFC meeting

Minutes

October 7, 2011 - Scientific Foundations Committee Minutes not passed due to corrections.

LCME

Annual Course Reports

Principles of Pharmacology

Dr. Kevin Wickman presented an overview of Principles of Pharmacology as course where students begin to learn the basics drugs and to memorize drug information needed for Year-2. Student performance on the mid-term quiz and on the course final were strong. Student feedback was positive regarding knowledge gained from the course

Describe what is working well in your course (Student Comments)

- Organization -- newly revamped (Moodle) course website, kudos to Caitlin Pine & Aliyu Ojarigi.
- Lecturers -- instructors were always prepared and organized and presented the material in a way that was easy to follow; made expectations clear and stuck to them
- Review sessions – 2 sessions prior to the final exam, instructors created excellent review materials and slides were well organized
- Hardcopy and online handout and supplemental materials – excellent handouts consisted of PowerPoint slides and supplemental information, very good "drug flashcards" in 1 PowerPoint, consolidation of in-class review info, well organized resources
- Clickers: piloted this year (K Wickman) during lectures and review sessions – generally well-received
- Course and session objectives are clear -- learning objectives were clearly communicated and the material to be presented in a consistent manner”

Describe any areas of concern

- Scheduling: backloading and 2 consecutive 3-hr blocks are problematic, but students appreciated 1-wk gap between review sessions and final exam, consider changes to timing
- Integration: review redundancies within the course, foster effective reinforcement of fundamental pharmacology principles. More coordination will be planned and implemented.
- Formative assessments: Midterm online quiz provided students with a low-risk opportunity to gauge their progress; students indicated they want more of them for this purpose.
- Course is generally regarded as heavy on memorization – This is due to the large number of drugs that are covered and they are test worthy. Concerned that fundamental concepts are not emphasized enough and need to be emphasized to a greater degree.
- Grading policies: confusion about the online quiz, Also, if a student does not achieve >70% of total course points, yet passes the final exam, what is the optimal remediation strategy?

Describe any changes you intend to make for the next academic year.

- More formative assessments: will create a test question database that students can use to master key facts and concepts (digital flashcards).
- Better integration between course lecturers, and across courses. Students should “see” the same slide “backbones” to standardize how students are getting content on topics taught by a variety of faculty, through use of the same basic background of basic concepts.

In regard to the new grading policy, Dr. Wickman expressed concern for how to remediate several students who did not pass (didn't achieve enough points) the course, but did pass the exam. Because of non-academic issues they were referred to COSSS. After which they were directed back to Dr. Wickman. Course directors discussed the circumstances where students were required to participate in non-academic training. Feedback from SFC members advised using the students final performance on the added training as the determinant for whether they have earned enough points (beyond the exam) to pass the course.

Discussion

LCME: ED-32 Narrative summary of students' performance, policy and procedures

The Years 1-4: Mid Course and Clerkship Feedback Policy addresses two LCME Standards ED-31 and ED-32; i.e. “ Each medical student in a medical education program should be assessed and provided with formal feedback early enough during each required course or clerkship to allow sufficient time for remediation.” Additionally, “A narrative description of medical student performance in a medical education program, including non-cognitive achievement, should be included as a component of the assessment in each required course/clerkship whenever teacher-student interaction permits ...”

For ED-32 the required narrative feedback is not required to happen by mid-course, but by the end of the course, a narrative statement must be incorporated as feedback of students' non-cognitive achievement.

Dr. Woods reported discussion at the EC meeting of October 18th, covered the variety of course formats within the curriculum. Primarily courses with 170 students in a lecture format doesn't permit 1:1 format of teacher-student interaction. The Policy/Procedure is directed at courses that have the appropriate small group time and interactions. SFC discussion around how to define a small group; i.e. small group meets every week, same small group leader for a number of weeks would appear to qualify for narrative non-cognitive assessment. Frequency of small group meetings with the same leader will be part of the criteria. Narrative formats probably will be 1 or 2 sentences of individualized information, based upon the Seven Domains of Competence. Medical Education administration can provide sample narrative statements for ED's who have courses that fit the criteria.

Feedback from course directors to identify a workable process for non-cognitive narrative assessment for students is the most effective way to satisfy the ED-31 and Ed-32 Standards. Currently in Year 1 and 2 courses with small group formats are ECM and the FCT cases allow for observance of growth in professionalism, behavior and personal development over time. Dr. Blaes identified a larger issue noting that the classroom facilities for sessions don't always fit small group learning scenarios.

The curriculum includes five peer assessments; course directors suggested expanding the number to help facilitate the process of providing narrative statements in addition to small group documentation. Concerns were raised related to gathering information for tracking student performance, having it shared and possible issues of legalities. The information will be available electronically, with responses viewed by their faculty advisors, allowing follow-up through the faculty advisor system. Not all aspects of the process have been finalized. There will be very defined parameters for what the narrative would address. The expectation for the narratives is to gain richer data, more closely related to the Seven Domains of Competence. This process is meant to provide insight within small group interactions. The format permits consistent observance of their non-cognitive behavior over time. FCT and ECM are probably the prime formats for observing achievement in areas not directly related to medical knowledge. The Domains of Competence fit as a method to guide observation and assessment of non-cognitive learning.

Through discussion it was determined the narrative non-cognitive statements would be required only in courses with small groups of 10 or fewer students, that meet 5 or more times with the same instructor. Dr. Woods suggested implementing for the Spring Semester narrative feedback for FCT and ECM as the two venues currently in place, consistent with the Policy and the parameters above. These courses provide in depth interactions on a wide variety of topics, rather than a single concentrated discipline.

Further examination of how this could function in other courses will be assigned to a work group. They will be charged to bring back their findings for discussion during the Spring semester for possible implementation for Fall of 2012. The broad discussion should include areas such as lack of small group rooms and other barriers experienced in how the MD program is carried out. This plan would meet the LCME basic Standard, would provide important information to students for Spring semester and would allow SFC members to use the information to make an informed decision for how to proceed in future courses deciding where and how the process can work. Several CDs noted they would like to consider attempting a small pilot process for Spring that could possibly be implemented in Fall 2012.

Dr. Woods noted the Policy/Procedure discussion will go back to the EC to update them on this Committee's decision to move forward using the narrative feedback for Essentials of Medicine (ECM) and Foundations of Critical Thinking (FCT), to begin in the 2nd semester of AY2011-12. She will work with HD-3 and HD-4 course directors to determine if they want to develop a "pilot" project and if so what aspect they will study. Request a work group be established with the goal being to give SFC members an opportunity to consider use of the "non-cognitive narrative feedback" in other courses.

Mid Course and Clerkship Feedback Policy

Further discussion took place regarding the Standard (ED-31), which states that by mid-course students need a mechanism to understand how they're progressing in each course. For many courses there are quizzes

and/or mid-term exams that serve as feedback for students to judge their progress. Mid-course feedback doesn't have to be written. Generally for this new policy, Years 1-4: Mid Course and Clerkship Feedback Policy, most Yr-1 and Yr-2 courses are in compliance. For HD-1, a 5-week course, 1 exam is given at the end of the course. HD-4 is also a 5 week course and for AY2011-12, quizzes will be given before each small group session throughout the course. Adding a summative quiz would help to reduce the "high stakes" level students experience with only a final exam. Dr. Katz noted when this Policy was written the greatest concern was directed at the clerkships, especially for students failing who didn't know they were not meeting expectations. For 2012-13 all course will have to provide a form of on-line assessments to provide mid-course feedback. HD-2 uses weekly five point integrated subject quizzes for points, many individual lectures are using readiness questions and some subjects are using larger mid-term quizzes and self-study questions and practice exams. Weekly quizzes are excellent, they fit the LCME requirement for a format that has visibility for students to use as indication of their progress.

When students who consistently perform poorly are identified, it is important for course directors to provide opportunities for additional help and support for them to achieve a better performance. Dr. Katz pointed out the new grading policy requires students, who fail an exam or a course, be reviewed by the Committee on Student Scholastic Standing and their faculty advisor is notified. At this point the Policy doesn't include notifying course directors of upcoming courses, but sharing information across courses is being considered. Students who are struggling are encouraged to contact their course directors for help in addressing why and explore ways to succeed. Course directors agreed a discussion regarding how long should students continue in medical school when they are having academic deficiencies in several areas.

Information

TC/DU Governance and Curriculum Oversight

Dr. Woods reported as a result of the Mock Site Visit in October, a very strong recommendation came from the Mock Team regarding the unclear process of oversight of the curriculum. Specifically what was the reporting structure, who was in charge of the curriculum? A work group was charged to develop a more streamlined and clear path for curriculum oversight. The draft document will be sent to SFC members after today's meeting. The organizational chart was sent through from the Dean's office. The Mock Team reported that the Dean is ultimately in charge of the Curriculum and the oversight of its workings. The Education Council is functioning in the same way most School's curriculum committees do. The Education Steering Committee is a direct work group from EC and does review and suggest work based upon information or work received from EC. Immediately under the EC are the Scientific Foundation Committee, Clinical Education Committee and the Committee on Undergraduate Medical Education Duluth. The three groups are responsible for reviewing curriculum and will be appointing and working with work groups as appropriate for modifying aspects of curriculum or new parts of curriculum. Also responsible for having working groups review gaps and redundancies in curricular areas and relaying those findings to EC (three levels -- Dean, EC and the three course level committees). Ad Hoc groups will be charged as needed. The Mock Team has recommended that course directors and faculty become familiar with the organizational flow and how the committees work together; the LCME Site Visitors will refer to the structure for oversight of the curriculum. There are points sketched out in the document to help guide where and how a specific type of decision about the curriculum are made; Dean, EC, course committees, course directors and faculty who teach in courses. The document and structure has been approved by the Dean and the Education Council. The Governance and Curriculum Oversight structure will be discussed at the November SFC meeting in greater detail.

Next Meeting:

SFC

December 2, 2011