Synopsis of February 3rd SFC Meeting (see details of full discussions below)

1. Course Director and Faculty Advisor Communication
   Dr. Kathleen Watson reported it is of great importance for course directors to identify students with concerns with academic progress, health and mental health issues, sporadic attendance for required course activities, etc. well before the end of the course/semester and to notify their Faculty Advisors (FA) to help prevent course failures. Lists of the FAs and of their assigned advisees in Year 1 and 2 will be sent to course directors to facilitate their contacting the appropriate advisor when concerns arise. FAs have the ability to look across all courses for their advisees, giving them a full picture of their academic performance. Because of student confidentiality they’re unable to share information with course directors for other courses.

2. Site Visit Preparation
   Full preparation for Course and Clerkship Directors participation in the Site Visit will take place at the next SFC meeting, on March 2, 2012; all members are asked to attend. Dr. Watson noted that Linda Reilly is working closely with the Site Visit Team to develop the agenda for the three days of LCME sessions. For Monday, March 12th, several sessions have been set for Course directors to meet with the LCME Team. They scheduled in B646 Mayo; Year-1 at 1:30 p.m. and Year-2 at 2:30 p.m. Brief-debrief scenarios are being prepared by UME Administration and staff for March 12th through March 14th. These will be frequent updates during the Site Visit to help inform participants of each upcoming group with information identified in previous sessions.

3. Human Structure and Function (HSF)
   Dr. Weinhaus reported that Human Structure and Function went very well during Fall Semester (2011), there were a few changes. There are three areas of focus within the course gross anatomy, embryology and histology.
   The portion focusing on embryology had the greatest change; previously it had been an on-line unit. In Academic Year 2010-11 students were very frustrated with the on-line version, which resulted in a restructure of that topic within HSF.
   Strengths of HSF include strong positives from students for lectures, weekly quizzes, engaged faculty, organization, small group sessions, test banks and new labs working with embryo and fetus samples. Changes will address improved video content, better linkage between syllabus and flow of lectures, session objectives and aligning on-line materials. It will be important to monitor how Moodle was organized and what the course site will look like in Black Bag.
   In regard to student performance in the course, Dr. Weinhaus reported the course criteria for Honors requires students to achieve 90% or above in all three disciplines (see above). The results were very positive with 25% of the students receiving Honors. Overall there were very few students who did not perform at an optimal level.

4. Course Honors
   Student feedback: students reported not having received the impression that Honors were important in Year 1. Some students who focus on Honors, at times display unprofessional actions. It was noted students who want to match in certain sub-specialties feel “H” gives them additional strength. Dr. Watson reported that Honors have been discussed at the Education Steering Committee (ESC). Evidence that an H grade in the first two
years has an impact on residency Match in subspecialties is not available (there are a few examples of residencies that consider them).

Dr. Katz reported on behalf of the ESC that the Committee’s charge was to implement a grade system that is the same for Duluth and the Twin Cities. Duluth had many levels of grading and TC had P/F. The compromise that was reached through collaboration states that all Year 1 and Year 2 courses on both campuses will give Honors. Each course director will decide what criteria to use to grant Honors. He reported overall most courses are granting Honors to somewhere between 10-20% of students. In an effort to establish some uniformity across courses, the SFC decided on giving Honors to the top 15% of students (based on total course points). This is the first year of the agreed upon process. After several years through tracking and evaluation changes may be made. (see full discussion for details of “H” criteria).

5. Governance and Curricular and Course Changes
Dr. Watson provided an overview of the changes that have taken place in Medical Education governance and in the committee structure. She reminded SFC members that the former Curriculum Committee no longer exits. CEC, SFC and CUMED now report directly to Education Council (EC). The Education Steering Committee (ESC) is a sub-committee of the EC. In response to course director questions and the new structure, Dr. Watson walked through a scenario illustrating steps to take to make changes in the curriculum and in courses.

February 3, 2012
Scientific Foundations Meeting – February 3, 2012
Minutes --The December 2, 2011 and January 6, 2012 Scientific Foundations Committee Minutes were reviewed and approved.

Information
Director of Student Support
Jill Eck has joined the staff in Undergraduate Medical Education as the Director of Student Support. She comes to the University with a great deal of experience in post-secondary education administration. Her addition to UME will provide added strength in responding to students and in providing services critical to their success.

Course Director and Faculty Advisor Communication
Faculty can contact FAs by email, phone and/or other written communication. Students meet 1:1 with their faculty advisors and have the opportunity to work directly with them, but the course directors are encouraged to contact the FAs as soon as they become aware a student may need assistance. It was acknowledged that students who are struggling often don’t or can’t take steps to seek assistance, and faculty have the best opportunity to see early indicators. The Faculty Advisor System is an effort by the Medical Education to provide as many tools as possible to help students be successful.

Course directors raised questions about students who behave unprofessionally and asked about a process to identify and refer these individuals. Dr. Watson encouraged information sharing for behavioral concerns, noting that without information to follow-up; major health and/or personal issues can become overwhelming and critical (unknown factors may impact behaviors). If questions arise, course directors and/or faculty can contact Dr. Watson by email so follow-up with detailed information can take place.

Site Visit Preparation
An important reason for the briefing session is to inform groups of what has taken place to date. This also provides the opportunity to feed forward key information and/or to correct misinformation or provide updated documents, etc. This process will help inform participants and create continuity across the Site Visit. When possible a 15 minute preparatory session or brief will be provided before the next session using what appear to be likely questions.
For medical schools that have been put on probation, the number one issue for them has been ED-33, Central Oversight of the Curriculum. The number 2 issue has been tracking of student experiences across clerkship rotations. There have been issues with knowing what takes place at dual campus schools. Documentation of experiences is very critical. If it isn’t tracked by paper or electronically LCME views it as not having been done. For example, we know residents teach, but if not documented LCME doesn’t consider it as having taken place. We are certain there will be questions regarding this topic.

**Annual Course Report**

**Human Structure and Function (HSF)**

For AY 2011-12, Embryology was presented with didactic lectures, exams were more rigorous and students excelled in the exams.

Strengths included the following:
- positive student response to lectures and across all aspects of the Gross Anatomy course
- weekly formative quizzes
- faculty enthusiasm
- excellent organization of material,
- small group sessions;
- availability of test banks,
- new labs designed to work with embryo and fetus samples were highly rated

It was taught by Drs. Cook, Weinhaus and Kernahan, along with four pediatric surgeons. In the future these presentations will change and include some surgically corrective material but will have increased foundational information. All lecturers were asked to write sessions objectives. This wasn’t accomplished for lectures by the pediatric faculty; all will be required to have them for AY 2012-13. Added feedback and improvements considered for Fall of 2012-13 include the following:
- LEADS report indicates students’ want increased lectures (2-3 additional)
- text book change –one more suited to course structure, to include more foundational material.
- poor video resolution and it took a period of time to get better quality (Moodle issue)
- old exams on Moodle, students request update to digital format
- videos improperly linked, they appeared to be unavailable and students used 2009 course; the order was out of sync, students were watching them out of order

The Histology portion of the course: Dr. Norrander reported the students did well. Weekly quizzes were well received; there will be oversight to make sure these transfer as is to Black Bag.

Suggested changes to histology portion include:
- students requested added hours
- make microscope site more interactive
- change histology text to a less detailed version

This topic had a larger discussion by SFC members and will involve more concentrated discussion regarding the value of published text versus E-text and other resources students find.

**Question:** are students coming into the Program with less knowledge? **Answer:** with regard to cell biology, not all students have cell biology and it isn’t covered in lecture, a text book which includes cell biology would be a helpful resource.

Additional feedback for the Gross Anatomy course by SFC student representatives included the following:
- Because it was unclear about the need for the Embryology Text, students scrambled to get the book late in the course. They did find the text to be very helpful and appropriate for the course.
- There was disconnection between what was being presented and what was found in the text book.
- This experience supports that session objectives are very critical to their preparation before attending class.
test bank questions should be more evident – 100 questions for each topic were created by Dr. Weinhaus to help students to prepare for quizzes and exams. These were developed to assist students in regard to the lack of session objectives by guests.

**Discussion**

**Course Honors**

Dr. Niewoehner asked what had been done by Year-1 course directors regarding the criteria for “Honors?” Feedback included the following:

- Biochemistry used 90% achievement on course exam and professionalism measures. (Includes 4 exams, weekly quizzes and some points for professionalism (class attendance); totaling 280 assessment items. Sixty-two achieved “H” (some concern if too easy).
- HD 1, 3, 4 select the top 15% of students to receive “H” (includes small group and lab grades, quizzes, final exams)
- HD-2 uses the top 15% of students according to exam score, top 15% according to total course points and 40% of course score (includes non-final exam sources)
- comprehensive assessment can’t be linked to just one exam, must have multiple inputs
- more varied assessments gives “H” on the transcript credibility
- Top 15% of the class establishes a standard -- if a course(s) changes over a period, this helps to prevent large fluctuations in the number “H” grades given
- “H” in HD-2 recognizes medical knowledge, professionalism, and communication., using “H” to promote all competencies as a basis not just high test scores

Student feedback indicated not all students get the message that honors are important. It was noted that some students who focus on “H” at times display unprofessional actions regarding their grades. It was noted students who want to match in certain sub-specialties feel “H” gives them additional strength. Dr. Watson reported that “H” has been discussed at the Education Steering Committee. Evidence is not available to show “H” has an impact on residency Match in sub-specialties (there are few examples of that happening).

Dr. Becker informed SFC members that some course directors send letters notifying students they have received “H”, some do not. Students have been asking if they haven’t received a letter does it mean they didn’t receive “H”. The information appears on their transcript, but some students may not know how to use the system to find it. It can be found on the course Moodle site, where P/F/H grades are reported.

**Governance Structure Process and Functions**

Students have requested adding “ultrasound training” to the curriculum. Dr. Watson described a systematic approach using the new Governance of Curriculum Oversight structure [see the Six-Step document posted with SFC February Meeting materials at this link (https://moodle.umn.edu/course/view.php?id=23483) the SFC Moodle site]. Using “ultrasound training” as an example she gave details for this processes. These steps illustrate the importance of first acquiring basic information such as student views, the current state of the art in basic and clinical science, and how other schools are assessing ultrasound.

A proposal for change can come from Course directors, faculty, medical students, UME staff; any of these individuals can author proposed changes to courses and/or the curriculum. The proposal format requires learning objectives, assessments, pedagogy, needs assessment and statement as indicated under 4A), and a review of past performance of related topics. Initially, for discussion purposes, proposals should be brought to Drs. Watson, Woods or in Duluth to Dr. Johns. They see the bigger picture of what is being taught and where it’s taught. The proposal would then come to the appropriate course committee (SFC, CEC or CUMED) for discussion, presented by the authoring CD, student, etc. Faculty in a course, who have new ideas, should communicate with the CD before the preliminary proposals come to course committees for discussion.
Education Council Planning Committee (ECPC) is the Agenda setting body for EC. Members include Dr. Wes Miller, Chair of EC, MS-4, the Clinical and Basic Science Council Chairs, etc (see Governance Document details). This is the group who decide the priority for Agenda topics. If the Proposal were for minor changes, it would go to EC (possibly even the consent agenda) or for discussion by EC members. If more complex (across four years and two campuses); ECPC has the authority to move the decision making capacity to the ESC. ESC makes recommendations to EC: where it’s approved or disapproved or referred back to the course committees; for clarification; and/or further discussion. Once it gets to EC (the only body that can approve a major or minor change to the curriculum) for full consideration; approval with an implementation timeline or disapproval follows.

Dr. Watson briefly reported that the Duluth example includes a project by Essentia Health System working with the Duluth program to create a new pathway for students who plan to go into rural practice. This would be a larger impact on Years 3 & 4, needs assessment is required and changes are a possibility for TC Years 1-2. The discussion would be broader and more complex, spanning both campuses and possibly the healthcare facility.

Concerns were voiced for scenarios where students or others outside a course (or department) could propose making changes to another course director’s course. Changes could require resources that don’t exist in the department. For example, ultrasound is cutting edge technology in clinical use and it would have to be determined which courses have the best opportunities to apply the knowledge and the technological opportunities. If faculty in a course (or through other teaching affiliations) have new ideas, it will be best to communicate with the CD to make preliminary proposals before bringing them to course committees for discussion.

The examples are meant to be an aid for Course directors to understand the steps listed in the meeting handout and how the process would flow. The Governance structure was created to accomplish changes and was developed based on information that came out of the Mock Site Visit when course directors were asked how changes in courses and curriculum were accomplished. There were numerous responses for how it could be done or it was unclear if there was a pathway for change.