

## *Scientific Foundations Committee*

*October 5, 2012*

*7:30 – 9:00 am, B-646 Mayo*

***In attendance:*** S Allen, L Anderson, M Becker, A Belzowski, A Blaes, J Chipman, B Clarke, E Coleman, J Eck, A Edverson, S Katz, A Minenko, C Niewoehner, J Norrander, M Rammey, L Schimmenti, P Southern, D Thompson, D Wangensteen,

***Absent:*** G Filice, G Giesler, R Kempainen, D Powell, M Sanders, D Satin, K Watson, T Weinhaus, K Wickman, M Woods

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### **Minutes**

Approved September 7, 2012 SFC Minutes

### **Annual Course Report**

#### Human Sexuality

Dr. Eli Coleman provided an overview of his course which medical students take during the summer session of their first year. Specific areas include:

- panels with content experts work well to sensitize students to patient groups with diverse needs
- as they learn skills to gather information, panels encourage students to ask questions
- small group leaders are highly rated
- students understand the objectives of the course
- strong positive response to addition of labs and 2 formative quizzes
- student want more opportunities for self assessment

Late receipt of scheduling information for the planning process created problems for the 2012 session. The delay affected the ability to find 30 people to lead the small group sessions, some of them taught 2-4 additional sessions. Dr. Schimmenti noted for Biochemistry they had to abandon the small group format even when clinicians had a lengthy prep time for scheduling instructional times. Clinicians are under more pressure to perform their clinical duties and she reported there seems to be no way to reward them for their teaching work. The discussion did cover suggestions and details with regard to recognition of teaching effort by clinician. Dr.

The evaluations reflected less interest and satisfaction with the small groups. One aspect of the scheduling is the course has routinely used 1 ½ hour sessions and the AHC classroom scheduling system cannot accommodate the longer sessions. It will be a challenge to go to shorter sessions in 2013. Students gave mixed reviews on their ability to practice history taking; which may be related to new tutors and inconsistency in expectations.

Coleman announced a Summit on Sexual Education in Medical Education (affiliated with the AMA and AAMC). There will be a workshop done in a more concise manner after the conference with David Sacher and John Douglas as presenters.

### **Information**

Dr. Niewoehner introduced and welcomed the new Year-1 SFC student representative Dane Thompson.

#### AAMC

Leslie Anderson reminded SFC members the AAMC takes place the place the first week in November and there has been a change in Med Ed staff will be attending. The Dean has asked attendees to organize their attendance

in a more systematic manner, individuals will be reporting back to Committees on what they hear and learn. If any members of SFC are attending AAMC they are invited to add their feedback to the future session and a feedback template has been developed. Or if there is a session listed in the Program (online at the AAMC webpage for the Meeting) that anyone has identified as pertinent to their courses, please notify Leslie Anderson (Chief of Staff) and a member of the Office of Medical Education can plan to attend.

#### Student Assessment Committee (SAC)

The Committee has been meeting for the last several months under the leadership of Dr. Brad Benson. They are using the progress gained in GME in their work with competencies to support use of Milestones to determine where students should be in their education. The SAC members have been working backward from the GME work, linking to the competencies that have been done for UME. Updates on their progress will be reported back to SFC & CEC members in the future. Competencies will be reviewed in groups to determine where they fit with timelines for Milestones; the linkage will be part of the continuum across UME and GME.

#### Integrated Work Groups

Dr. Jeff Chipman reported due to the number of committee members and their geographic locations, they first met at the end of September. Dr. Nixon is the Chair and out-lined the broad tasks of the group, which seemed to be a bit overwhelming for the group. They have determined that diabetes is the integrated topic they will work on during AY 2012-13. The Committee has questions about the plan and will require more work together to buy into the plan. He and Dr. Nixon will do some additional strategizing before the large group meets again. Dr. Chipman reported that they feel Black Bag will be a very important tool in determining the content that is currently being taught for diabetes. They will probably have to work beyond Black Bag to get at all of the data. The goal to work toward integration is supported, but it seems that there isn't agreement on what integration should begin.

From Dr. Chipman's perspective integration is connecting content between courses and between year and between basic science and clinical application. To demonstrate the importance of all of it together in the helping clinicians to learn to use the scientific method when taking care of patients. Those who buy in to integration can help to move the process forward if they plan their courses in an integrated format and talk about our content in that way and think beyond individual courses, thinking about the year and about the whole continuum of education. It's not just the content and curriculum that's being considered on the continuum, SAC is in the process considering integration of student assessment across UME and GME and beyond. He suggests it is necessary to stop thinking about small blocks of time and individual topics, but to think as a whole not only in curriculum but also in assessment. If this leadership group takes lead in talking in that way it will help to achieve a better outcome in helping others realize the goal of integration with many different ways of connecting the dots from beginning to end.

A major concern for the Integration Work Group (IWG) is that this concept is a new topic and they didn't have a reference point before they met. It was suggested that there may be benefit in having some connection between the members of SAC and the IWG. There was discussion of measuring the effectiveness of the integrated content of diabetes by using assessment.

#### Black Bag Updated

Brad Clarke provided information and an example of the new electronic version of the "feedback card" available to students. Matt Coleman is working on the capability to bring together all comments for a course in one consolidated report for each course. The LEADS are in place and their feedback should be going directly to course directors. The card is standardized for all courses, student comments help to provide more individualized feedback for specific courses. The comments are not in real time. Brad is suggesting that course directors have direct access to this area, which should be possible within the list of priorities for programming that Matt Coleman has been provided.

Dr. Schimmenti asked when course directors could expect to have administrative rights for their courses to upload course assets, etc. She reported there are times when faculty need to have something posted when staff are not available to assist them. In addition she said this capability should be available for emergency scenarios so as to not disadvantage students. Dr. Schimmenti added that this would also give them access to the student feedback formats and to be able to fix areas in a course where students report concerns. Dr. Niewoehner voiced support for adding this capability for TC use. Brad Clarke reported that programming priorities could be reviewed to consider this request; several course directors noted they want to upload their own materials. Dr. Chipman suggested that this should be a priority for TC course directors. Some faculty indicated it's possible to do this for the Duluth courses and recommend it's reasonable to have this capability for the TC courses. Dr. Chipman indicated this request would be a priority.

### **NBME Reviews**

Leslie Anderson reported sessions have been available for faculty to look at NBME test questions which seems to have been productive for faculty. There are two sessions coming up, one in October and one in November. The best sessions have been those where a team has been able to attend together and there is dialog between members of course teams. If course directors are interested they should contact Leslie, she will send the schedule. Some faculty want to take the exam, the main focus for most is to see what the questions are, the questions structure and the topics moved around a great deal. The questions were clearly integrated and they were more difficult questions. If there other topics course directors would like to have available, please make your request to Leslie Anderson.

### **Best Practices**

Dr. Katz gave a talk recently to Duluth and TC faculty focusing on increasing active learning by reducing classroom use of generic PowerPoint and the high number of topic specific slides being used. Often seventy or more slides can be displayed during a 50 minute session. He reported faculty in his course has moved away from the routine PowerPoint format. They produce a PDF document; share it with students who then upload it to their laptops. for use in class sessions.

Students can then use their computers to annotate along with Dr. Katz as he works problems with them during the class. It makes for much more interactive learning because they are involved in the process while working the problem with him. He provided a sample of what his former PP looks like when class is over. Because you writing and answering questions at the same time students are paying closer attention, as opposed to talking through 70 pictures/slides, which are often only a talking presentation. At the end of every session there are a number of problems they are assigned to work through. He refers back to these problems adding to the students' involvement in the learning process.

**Next SFC Meeting**

**December 7, 2012**