

Scientific Foundations Committee

August 2, 2013

7:30 – 9:00 am, B-646 Mayo

In Attendance: L Anderson, M Becker, J Chipman, B Clarke, E Coleman, A Edvenson, G Filice, S Katz, A Minenko, B Nesbit, C Niewoehner, J Norrander, D Powell, M Ramey, M Rosenberg, D Satin, P Southern, D Thompson, D Wangensteen, K Watson, T Weinhaus, M Woods

Absent: S Allen, R Amado, A Belzowski, A Blaes, G Giesler, R Kempainen, M Sanders, L Schimmenti, K Wickman

** A moment was taken to honor Dr Ted Thompson who passed away on Sunday, July 28. His impact on medical education was widespread and efforts are underway to fill his roles for students, including faculty advising, COSSS liaison, and more.**

Minutes

Minutes for SFC Meeting, June 7, 2013 were approved with no changes or additions

Announcements

Dean's Forum:

Approximately five sessions planned for the future. It is planned as a way for students to connect with administration.

Integration Update

Dr Chipman highlighted the top three efforts planned for the next year in Integration. First effort is to establish the dyad teaching method in scientific foundations courses. Currently planned partnerships included Dr Peter Southern & Dr Jamie Green (ID), Dr Cliff Steer in HD4 to work with blood/gut physicians, and Dr Chipman will be working within Physiology. Funding has been secured to set up dyad teaching; some faculty have already expressed interest. Best practices will be gathered at the conclusion of the year (put in your ACR!). Secondly, some Milestones will be developed to help integrate content of years one and two, including simulation evaluation. Finally, creating a process for assessing critical thinking (how did you reach that answer). There are many models at other medical schools that are variations of this dyad teaching model. Dr Katz would also like to see improved integration of courses with FCT cases. Cases, objectives, and schedules for FCT will be shared with course directors. Dr Chipman added that there really is a dyad for FCT as well; an MD has been identified to work with Brad Clarke on FCT course direction.

Upcoming guest speakers: Dan Pratt, PhD will be coming to UMN (referred by Dr Kathy Brooks) - date is to be determined. He has also written a book on teaching those who teach adults; this book will be shared with course directors. In addition, Dr Powell and Dr Brooks are working to bring in David Hirsh, MD (tentatively September) to present on clinical experiences. More information will be provided.

Learning Environment Rounds: Drs Chipman and Rosenberg encouraged the faculty to participate in this opportunity to view and recognize the teaching at our affiliate sites, both in clinics and hospitals.

Innovations Contest: Dr Rosenberg shared that the Innovations Contest is winding down, but voting is still open (three votes per person). Project was designed to foster culture of innovation in medical education, share that best

ideas come from all levels of education - faculty, students, and staff; and to develop ideas to improve medical education. Seventy-six proposals were submitted and are posted on the innovations web site. Top five vote-getters will win prize and three submissions will receive some funding to implement.

New faces in UME: Dr Woods introduced new staff in the office - Jordan Orzoff, PhD, formerly of the AHC, in an evaluator who will be helping with some research, evaluation, and testing practices. Suzanne van den Hoogenhoff, PhD is another evaluator who has joined the team to work with students and course contact; will be the contact for course evaluations and Institutional Assessments. In addition, Sara Roberts has been promoted from her position in Student Affairs and will be the new ECM course manager starting August 12. Jason Swalley, IT specialist, has also left for a new opportunity; process underway for replacement.

Policy - Attendance: Per a request to view the current course Attendance policy, included in meeting handouts is the official policy. Please view handout or policy website (http://www.meded.umn.edu/policies/index_tc.php) for a description of required activities, acceptable reasons for excused absences, and process for requesting an excused absence. Dr Filice indicated that there are many requests from students to miss required small group sessions in order to present papers, etc. Dr Woods shared that it is up to the course director if those absences should be excused. Dr Katz added that course directors will receive via email an Exam Attendance insert for the course syllabi. Dr Niewoehner urged course directors, especially for spring courses, to post the required sessions as soon as possible so that students are aware of must-attend sessions.

Revised Annual Course Review form (see handout): Dr Woods shared that a new ACR form will be implemented for 2012-2013 course reviews. Much of the information can/will be pre-populated by the ACE office (hard data from CoursEval and grades) and then forwarded to the course director roughly three weeks following the end of the course. A new schedule for presenting course reviews to the SFC will be drafted shortly. In addition, one future goal may included summarizing the comments from the course evaluations. (One addition to draft form shared in meeting is a section for Course goals/descriptions).

Annual Course Report

Physiology (see two handouts), Course Directors: Doug Wangensteen & Steve Katz

Physiology is an MS1 Spring course with Neuroscience, Microbiology, and ECM. Physiology includes medical students, as well as physical therapy and graduate students, that focuses on medical physiology. The course is divided into cardiovascular, respiratory, muscle, gastrointestinal, and renal physiology with lecture and lab sessions. Lectures include basic principles and the beginning of pathophysiology and diseases. Exams include lab quizzes, a midterm and a final. There are also points from a special GI quiz on reading articles; students have two chances to take each GI quiz.

(Please refer to ACR attachment E) Dr Wangensteen shared that the exams and quizzes are going well. Student feedback is positive about assessments. The final exam debrief also worked well and received positive feedback. The course is highly rated by students, especially for level of overall teaching and overall understanding. Dr Katz would like to see comparisons with other courses to see if ratings are average or consistent. FCT integration with Physiology has been improved thanks in part to Dr Katz who is a FCT facilitator. Also going well is the use of e-books (license was increased to around 15 so access is somewhat limited at any given time, but there were zero complaints from students about access). Links and instructions for these e-books were posted on BlackBag by area of physiology. Dr Minenko inquired if specific reading assignments (chapter) to which students were referred. Dr Wangensteen responded that there are specific supplemental pages assigned to each session. There are required assigned readings for some sessions. The group questioned whether, for vertical integration, does the BlackBag student search go through text of the syllabus (and therefore point students in the right direction for where else that content is covered). Dr Chipman inquired whether or not this specific information is needed (link) or can it just be stated that it has been taught previously. Dr Satin responded that when he was in medical school, had he been told it was taught, he would not have gone back and looked for it BUT if there was an easy link, he would have checked it out. Dane Thompson (student) indicated that in his experience, the hindrance is time. If it takes too long to go find the connection, students will not look for it, or they will put it off and maybe never go

back. Dr Wangenstein shared that Dr Bob Kempainen does put some links in HD1 between HD1 respiratory pathophysiology and the Physiology course content for respiratory. Dr Satin shared that even practicing physicians are becoming more apt to use an application like UpToDate than to go back to their own notes from 20 years ago. Dr Filice countered that it may still be a skill that should be developed for students.

Areas of concern include an inability in 2013 to use the "clickers." Dr Filice indicated that QuestionPress is available, but may be somewhat cumbersome. More training is needed. In addition, the lab/demo room does not have WiFi - that specific room is necessary because of equipment. Other areas of concern include needed feedback from students/teachers in MS2 about the students working knowledge of physiology.

Changes for next year including have more practice exam questions, new laboratory data acquisition and display equipment, as well as using the audience response system and implementation of the dyad teaching model.

Questions from members:

Dr Southern asked if the open-book BlackBag quizzes are essentially free points. Dr Wangenstein responded that that is perhaps the case, but the students may use it for preparation for the exam. Dr Minenko added that the open-book quizzes in HD2 do require the students to do some preparation (cant take 30 minutes before it closes without preparing). Dr Southern added that students approach the quizzes in different manners, some just for assessing where their knowledge is, others for assessing if content has been mastered. How does a course reach all 170 learners? Dr Satin asked about GI readings and the follow-up quiz - what were the student comments? What didn't they like? Dr Wangenstein answered that it is unclear if students don't like THE readings or just reading. Dane added that most students understand the benefit of the readings (and reading in general) but the concern is time. Reading assignments take time and sometimes don't feel like the most efficient use of time (as compared and contrasted with lecture). Students need more information about the objective and expectations of reading (especially the GI papers) and connection to future clinical work, per Dr Chipman. Learning how to prioritize and identify salient features may improve students perspective and value on the readings, per Dr Minenko. Dane Thompson added that students don't always know what is best for them; if reading is the best thing for them it should be continued even if they don't see the value at the time.

DISCUSSION

Health Care Disparities

Students have brought to the attention of administration that the medical school may be inadequately including Health Care Disparities in the curriculum. Leadership understands that adding more lectures is probably not the best method, but rather connecting the content with material and objectives that are currently taught. Many options for integrating Health Care Disparities were presented by students in previous meetings; other options were brainstormed by administration including providing references for further reading/application, having students self-assign themselves to a Health Disparities group and make connections with content and their assigned group.

Dr Powell commented that the student presentation to the SFC, as well as the Innovations contest submission, were well thought out. Other schools are implementing options such as an introductory health disparities course; Dr Powell indicated that much of this content must be presented up front in the curriculum to set the stage for students to make these connections. She also indicated that the School of Public Health is doing much work on health disparities but is not connected with the medical education curriculum. A bigger conversation (retreat?) on the value of health disparities education may be necessary. Dr Satin indicated that (1) ECM is including Public Health in systems-based health sessions (Innovations submission). (2) Additionally, a community-based participatory research group is coming to ECM, including the national expert. Sessions on determinants of health (including culture) and disparities are included in ECM for 2013-2014. Students will take the IAT assessment (including obesity) and there will be a speaker on the problems with disparities and small group discussion. Following that, there will be a focus on race - including data on what works and what doesn't. MS2's will participate in further learning on these topics (focusing on the strengths model of community). This could lay a

formal foundation for the "field" of health disparities. Dr Minenko added that HD courses need to address where there are health disparity issues specific to their discipline areas. Dr Niewoehner stated that in HD3, though not previously addressed formally, there are small group sessions that plan to use cases to explicitly address health disparities differences.

Dr Chipman shared that his bias, based on his own experiences, had created a conclusion that it didn't apply to him during some phases of his training career. After further consideration, how do you take a field that may not feel like it applies to everyone and help students make those connections? Dr Filice added that physicians trained to focus on individualized care need training on population-based care. The medical school should like at the paradigm of what is your career going to be about? Will you be part of a community model that is responsible for a certain population? Or will you treat a patient without thinking about the population? Dr Satin added that everyone has a responsibility either as part of their clinical role, or at minimum as part of their advocacy role. Dr Powell shared that many efforts are a problem-solution, but not as an opportunity to take a little time (retreat?) to think about the whole concept, such as population health, to develop a plan for what students will need to be successful in their practice.

The Health Disparities discussion will need to be continued. Dr Chipman says that, in reactionary mode, course directors should continue to think about applications within their courses. In the visionary role, this should stay on agenda and have continued discussions amidst competing curriculum needs. Clerkships should also be brought in on the discussion.

**Remainder of agenda items, including Course Letters/Templates, will be moved to next month or will be sent to course directors via email if urgent.

Next Meeting, September 6 , 2013