

## ***Scientific Foundations Committee***

*September 6, 2013*

*7:30 – 9:00 am, B-646 Mayo*

***In Attendance:*** S Allen, J Chipman, B Clarke, E Coleman, G Giesler, S Katz, A Minenko, B Nesbitt, J Norrander, D Powell, M Ramey, P Southern, K Watson, T Weinhaus, M Woods

***Absent:*** S Allen, R Amado, A Belzowski, G Filice, R Kempainen, C Niewoehner, M Sanders, D Satin, L Schimmenti, D Thompson, D Wangensteen, K Wickman

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### **Minutes**

Minutes for SFC Meeting, August 2, 2013 were approved with no changes or additions.

### **Announcements/Information**

Bio Medical Library evidence seminars - new tools and new approaches to understanding how to teach Evidence-Based Medicine. OME administrators have more details if interested.

Course directors encouraged to refer struggling students to Jill Eck, Director of Student Support ([jeeck@umn.edu](mailto:jeeck@umn.edu)) or Marilyn Becker, Director of Learner Development ([becke024@umn.edu](mailto:becke024@umn.edu)). Formerly Dr. Ted Thompson helped triage some of these students in the past; OME has re-organized responsibilities in order to fill this gap.

Dr. Anne Blaes is stepping down from directorship of HD4 due to new grant responsibilities. In recognition of her efforts, an apple award will be presented to her. Efforts underway to replace this position; concerns include the re-ordering of HD courses (timing). Per Dr. Powell, Blood and Pathology have been successfully working in an integrated model. GI has been less integrated, but is smaller component of course. Much of course has been established and is working well; new course director would need to address some GI and GI pathophysiology issues that are lingering.

\*\*Question from Dr. Coleman - When will template for summer schedule be available? Brad Clarke and Brooke Nesbitt will work to set up meeting for Summer course directors to hash out the sharing of the half-days eligible for scheduling the scientific foundations courses.

### **Annual Course Report**

Microbiology/Immunology (Dr. Southern) - see handout

Micro is a prelude to the Infectious Disease thread in HD 1-4 (77 classroom sessions and 10 required lab sessions @ 2 hours each in MS1 Spring Semester).

Ten percent of the class was at or below 80% on their final course score. Average aggregate course score was 88% and Honors was awarded to those students over 95%. Two students did not pass the final exam and were allowed, per COSSS, to remediate by re-take exam (alternate version). Re-take exam was difficult to create, but is evolving and improving every year to become more inline with the difficulty of the original final exam.

*What is working well?* There are three instructors in the course; all have good, open interactions with the students. Students ask thoughtful questions during the breaks between lectures. Summary review files are available online and used by students to prepare for assessments. Course LEADs and technology student helpers were readily accessible and contributed to success for course. Microbiology labs are valuable sessions, especially for students with limited/no previous exposure to Microbiology. Overall, students appreciated the consistency of the course; the continuity of the course from session to session was due, in part, to Dr. Southern's attendance at all classroom sessions. Dr. Greg Filice provided important clinical connection; this will be enhanced next year by dyad teaching with Dr. Jamie Green.

*Changes this year?* Module dealing with pathogenic fungal and parasitic infections was moved from the end of the semester (historically) to the "odd" week between midterm week and spring break week. Content was included on Quiz 3 and was representative of questions on the comprehensive final examination. Schedule change was beneficial and will be retained for Spring 2014. Ongoing and newly recognized microbial events will continue to be incorporated into curriculum as they arise. Dr. Katz shared that he attended some Micro sessions and was pleasantly surprised at the contemporary issues that were presented and discussed (eg. prions).

*Achievement of objectives?* Course evaluation scores listed in handout. One score of note is the 3.9/5.0 on "Assignments for ILT facilitated learning and understanding of class material." Students vary in their use of materials intended for preparation. Thoughtful and positive comments in student course evaluations all support achievement of objectives. Dr. Katz commented that these scores are remarkable and should be commended. It shows the incredible effort by Dr. Southern to provide a good, meaningful course. Dr. Southern, in return, thanked the SFC members for their comments and suggestions.

#### *Areas of concern?*

Individual instructor evaluations varied between Dr. Baughn (lower) and Drs. Masopust and Southern (higher). Dr. Baughn's sessions will be reviewed and perhaps revised/streamlined to be more focused and consistent with remainder of content.

In addition, students who are struggling with class material after the Midterm need to be contacted and offered individual guidance; this practice is somewhat established, but only one student initiated the contact with Southern. Out of the others who were contacted by Dr. Southern, several students were difficult to track down and connect with. Tracking system (on agenda later) will be helpful to identify and connect with struggling students.

With development of online testing, Micro will provide questions and answers to be posted online for students to practice testing in this situation, with high quality images and visual clues.

Per Dr. Southern, ILT can and should be used more effectively. Efforts will be made in Microbiology to motivate students to seek out materials and assignments in preparation for sessions and assessments.

## **DISCUSSION**

FCT Integration (Dr. Chipman) - Course directors have asked for more information regarding FCT cases, including case learning objectives. Dr. Katz would like for course directors to look at the objectives of each case. Students become confused if content/objectives from an FCT case come up in a course session, and the instructor/course director does not acknowledge the integration. Course directors will be provided the objectives (via email from Dr. Katz) and the case content with questions and answers (BlackBag – Dr. Katz and Brooke Nesbitt will confirm whether or not all faculty can access FCT course objectives, case objectives, and facilitator copy of case through the Curriculum module - [vs. individual enrollment to BlackBag course site]). During discussion and projection of case objectives, several course directors identified sessions in their courses where the objectives were linked, i.e. ECM physical exam and HSF anatomy for Case 1 - hip fracture. Dr. Southern stated that students should also be encouraged to highlight to instructors that the content was also addressed in FCT (or that the content is related, even if purpose and attention was different).

### Templates for Class Syllabus & Letters to Problem Students (Dr Katz)

1. Exam attendance - Previous year highlighted increasing numbers of students who SHOULD postpone exam due to illness, but don't. And students who email Brad Clarke or Course Director night before or day of, and state that they will not be taking exam (legitimacy of reasons vary). Suggested template for syllabus or announcement to make students aware of and appreciate the exam day and the limited excused reasons they could request postponement. Dr Chipman questioned if/how the students who are repeatedly postponing exams are being tracked. Brad Clarke confirmed that there IS a form/process where he keeps records of students who request postponement from HIM, but if student goes straight to course director, his office does not have a record of that instance. Dr Watson encourages course directors to stick to the policy when possible. Dr Giesler asked for

clarification on quizzes vs exams - who makes the call? This is a big issue that includes notification vs. request (and timing) and differences between required items - quizzes, small groups, exams. Dr Katz conceded that the insert is not the final solution, but that as a whole courses and administration can be doing better. Group referenced the Attendance Policy, as well as the procedure and form for Exam Rescheduling. Efforts were made last fall (per Dr Katz) to identify and follow-up with struggling students and repeat offenders. FA's were not included in these efforts, but could be catalyst for success given the sheer number of students this includes. Dr Minenko asked if Course LEADs could be used to help reinforce this communication? Brad Clarke responded that that is not their true purpose and announcement from Course Director may be most effective.

2. Mid-Semester Problem Letter template - Dr Katz indicated that most courses are contacting struggling students, but with a variety of methods (emails, direct contact, letters). Not all struggling students have self-identified as struggling, despite histograms and other data presented as to where they rank with scores. A template letter, that follows a mid-term/final/major assessment item, reminds students of their situation (but don't panic!) and gives suggestions of what actions to take to either identify difficulties or explore resources for improving. Dr Chipman asked for further investigation into developing a strategy for getting through to students who DON'T respond to the contact (letter/email/call) from Course Director. Dr Watson shared that ignoring communications from a course director offering help is a major problem; advisors and administrators could and should be notified and help with follow-up. Dr Southern shared that last spring, he invited several struggling students to come meet with him following a major assessment item. One of the students neither accepted or declined invitation; there was no response from the student at all. Dr Watson commented that "lack of responsiveness" is a part of professionalism that is important both in medical school and later in residency. If COSSS knows that there is a professionalism issue, in addition to the academic problem, that knowledge would be taken into account with recommendations and remediation. Dr Chipman added that this will translate later into not completing credentialing, etc. In conclusion, Dr Katz will amend letter with suggestions, in addition to a recommendation for what to do if students don't respond.

3. Letter to Students who have Failed Course template - In addition to posting "N" grade, students should be contacted directly (template letter), per Dr. Katz. The letter makes it explicit to students that they have failed exam/course, as well as setting up the next steps that will be taken (contacted by COSSS sub-committee staff, who is being informed, etc.) Dr Giesler shared that this letter would help curb the immediate questions from students as to when they can take re-take, etc. Dr Watson requested that FA's also be CC'd on memo. Dr Weinhaus shared that many (but not all) students approached him immediately following exam or exam debrief to ask the same question - what now? That precedes the final grade posting by one to two weeks.

Dr Southern asked for clarification on method of communication - can all of these letters be emailed? Answer is yes (sets up offline conversation about use of x500 vs personal gmail email address - please send any issues to Brooke Nesbitt).

#### Help! There may be a failing student in my class . . . .

Refer to 1.30.12 informational document on New Procedures for documenting repeat courses on medical school transcript.

Important highlights:

\*\* Failing students receive an "N" grade on transcript

\*\* If allowed to remediate, and they complete remediation (i.e. retake) successfully - the "N" grade remains and the "T" grade (test credit) is added. Both the "N" and "T" grades remain on transcript permanently.

## **Next Meeting, October 4, 2013**

BWN