

Scientific Foundations Committee

November 7, 2014

7:30 – 9:00 am

Mayo B-620

Minutes

2014-2015 Scientific Foundations Committee Members		
MEMBER	COURSE/ROLE	ATTENDANCE
Steve Katz	Chair (INMD 6814 Physiology)	x
Sharon Allen	INMD 6803/6804/6805 ECM 1, ECM 2, ECM 3A	
Richard Amado	INMD 6815 Human Behavior	
H. Brent Clark	INMD 6819 HHD – N & P	x
Eli Coleman	INMD 6816 Human Sexuality	
Greg Filice	MS 2 ID Thread	
Glenn Giesler	INMD 6813 Neuroscience	
Bob Kempainen	INMD 6808 HHD – C & R	
Anne Minenko	INMD 6809 HHD – R, D & O3	
Kaz Nelson	INMD 6819 HHD – N & P	
Catherine Niewoehner	INMD 6810 HHD – R & E-R3	x
James Nixon	INMD 6803/6805/6806/6807 ECM 1, ECM 3A/B/C	
Jan Norrander	INMD 6801 Human Structure and Function	
Deborah Powell	INMD 6817 Principles of Pathology, MS2 Pathology Thread	x
Michel Sanders	INMD 6802 Science of Medical Practice	
David Satin	INMD 6803/6804/6805/6806/6807 ECM 1, ECM 2, ECM 3	
Lisa Schimmenti	INMD 6802 Science of Medical Practice	
Peter Southern	INMD 6812 Microbiology	x
Heather Thompson Buom	INMD 6811 HHD – GI & Heme	
Doug Wangenstein	INMD 6814 Physiology	
Tony Weinhaus	INMD 6801 Human Structure and Function	x
Kevin Wickman	INMD 6818 Principles of Pharmacology	x
Mary Ramey	MS2 Lab Med/Path Coordinator	x
Kevin Kay	MS2 Student Representative	
Nicole Cairns	MS1 Student Representative	x
<i>Mark Rosenberg</i>	<i>Vice Dean for Medical Education</i>	
<i>Kathy Watson</i>	<i>Senior Associate Dean for UME</i>	
<i>Jeffrey Chipman</i>	<i>Assistant Dean for Scientific Foundations</i>	x
<i>Majka Woods</i>	<i>Assistant Dean for ACE</i>	
<i>Anne Pereira</i>	<i>Assistant Dean for Clinical Education</i>	
<i>Marshall Hertz</i>	<i>Faculty Advisor</i>	
<i>Brad Clarke</i>	<i>ACE Curriculum Specialist</i>	x
<i>Leslie Anderson</i>	<i>Chief of Staff, Medical Education</i>	
<i>Scott Slattery</i>	<i>Director of Learner Development</i>	
<i>Heather Peterson</i>	<i>Medical School Registrar</i>	
<i>Brian Woods</i>	<i>Lead Course Manager</i>	x

Guests: Aliyu Ojarigi, Suzanne van den Hoogenhof, Chelsey Jernberg

The meeting was called to order at 7:33am by Steve Katz.

Minutes

Draft minutes from the October 3 meeting were reviewed. It was moved and seconded to approve the October minutes as submitted. The motion passed unanimously.

Announcements

New ACR (Annual Course Review) Form – Suzanne van den Hoogenhof
See attached blank ACR form as an example.

The new form is a combination of the old SFC form & the form from the Assessment office. The first page (administrative information) will be completed by the ACE (Assessment, Curriculum & Evaluation) office. The “overall evaluation of the course” will come from a new question on the course evaluation. This question is worded as “Overall, I really like this course” with a response range from Strongly Disagree to Strongly Agree. This is to provide a quick, high-level glance at student satisfaction. Course Directors can also request individualized questions pertinent to their own course evaluation surveys.

Course Directors suggested substitute overall course question wording as “Overall, I find this course to be valuable”. They felt that whether a student “liked” a course or not did not provide useful information. Dr Katz suggested that the course LEAD summary can also be useful in evaluating the course, taking into consideration that it’s only the opinion of 2 students.

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The 2nd page of the new ACR contains the same questions from the current SFC ACR, with the addition of question 5. The intended changes in question 5 will be prefilled by the ACE office using the previous year’s ACR.

Going forward, the ACR will be sent to Course Directors after the course ends, along with the final report of the course evaluation. Course Directors will be asked to complete the ACR right away at the end of the course, when it is all fresh in their mind. If final course grades, including failures to be indicated on the first page, are not determined when the Course Director submits the ACR after the course is complete, that information can be added when it becomes available.

The ACR form evolves periodically, and this is the newest reiteration of it. ACRs are an LCME mandate. Note that an ACR must be completed for each course each year, but it’s not necessary for the Course Director to present a course’s ACR live during SFC meetings.

Annual Course Review

Physiology – Stephen Katz
See attached ACR document for details.

Rather than present the Physiology ACR to the committee, Dr Katz refers everyone to his attached ACR (also distributed to the committee before the meeting). There is no extra information to report.

Student Issues/Concerns/Questions

None on this meeting's agenda.

Discussion

New Tutorials, Tips & Student Links tab (BlackBag)

In an informal poll of those in attendance, Course Directors use BlackBag fairly regularly. Dr Katz urges all Course Directors to login to BlackBag regularly to explore the options and layouts for their courses, and to ask questions of their Course Manager. Course Management is more than willing to work with Course Directors to explain and explore this Learning Management System.

If a Course Director adds an asset to a session on their own, please notify their Course Manager that there is a new asset available. The Course Manager will double-check that the asset is formatted and labeled correctly, and that it is available to the students. Depending on their access level, if a faculty member adds an asset, it may end up in the "Optimization Queue", where the Course Manager must "process" it in order for students to be able to view it.

There is a new tab this year on the CourseInfo page of each course called Tutorials, Tips & Student Links. This is a solution to the BlackBag deficiency of not having a "Help" area. During Summer 2014, the Course Management team developed a 12 minute How-To video for students. This shows users how to find materials, do assessments, upload assignments, etc. It would also be valuable for Course Directors to view.

Course Management has been working to develop basic consistency from course-to-course in the placement of materials. This is so students will not have to relearn where materials are at the start of each course. Even though Course Directors see each course as an individual entity, students see all courses as a continuum, and it relieves anxiety when they have consistency in course set-up.

There is a copy of the BlackBag Asset Titling & Abbreviations Key for reference. The Technology Survival Guide was developed by the student IT reps to help students sync their Google calendar to BlackBag, suggest note-taking software, methods to download video, etc.

The links to student sites are provided as a service to students. These sites are not monitored by administration, but Student Council & student-run groups suggested that BlackBag become more of a one-stop-shop.

Other important information on BlackBag is the Medical Education Policies tab. This takes a user to the MedEd web page. They can find there the Missed or Rescheduled Exam Procedure & Request Form. The Evaluation & Feedback tab includes a direct link to student course evaluations, and a link to the Peer Review Committee.

Course Management gets a lot of feedback from students regarding PowerPoint slides. It is hard for them to take notes using note-taking software on slides that have a dark background. The best option for PowerPoint slides is a white background. Course Directors are encouraged to inform all the instructors in their course to use a white background when preparing presentations, and not a dark-colored "theme" template.

BlackBag Search Functionality

The Search tool is powerful in BlackBag. Instructors can use it to verify if students have previously seen information on a certain topic before a lecture is given. This will eliminate redundancy & repetition. Instructors can also invite students to look back to a previous lecture in a different course for review, and the instructor can spend more class time on new topics or present fuller detail on a specific topic.

There are two “Search” links in BlackBag.

1. Search in the lower panel on the left-hand side of the page (in the list that begins with “Calendar”) will only search in those courses that a user has access to. It will not search the full curriculum in BlackBag. *Don’t use this Search if you’re looking for a comprehensive result on a topic.*
2. For a complete search of all courses in BlackBag, follow this path:
 - Click Home to go the page for all courses you have access to.
 - Click Curriculum (Twin Cities). All Course Directors and faculty have access to this page.
 - In this Curriculum (Twin Cities) module, click Search in the upper panel on the left-hand side of the page. *This Search link will give you results from every course in BlackBag. Use this.*

The full curriculum search can be refined by Academic Year, campus, asset type, etc. Integrate-integrate-integrate....check out what other courses are doing (or not) on lecture topics.

Dr Niewoehner warns that even though a topic has been presented in the past, there isn’t a guarantee that students will remember that they’ve seen it before. Dr Chipman reminds instructors that redundancy and reminders about other courses will help students remember and reinforce the connections between subjects, disciplines, and multiple courses. This will remind students that a topic may not be new to them.

Dr Katz did a demo search on “diabetes” to show the many courses and lecture or lab sessions that diabetes is mentioned in. He showed how to narrow these hundreds of results using the refining criteria. The search does not find results in video or audio files.

Dr Powell finds that the search has helped to streamline lectures, referring students back to previous courses, instead of readdressing a topic.

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LCME mandate for Narrative Feedback – Jeff Chipman

The Medical School was cited during the LCME site visit for not providing mid-course narrative feedback to students. The question becomes “How can we fulfill the mandate in all courses?” Feedback needs to be given wherever it is feasible. This is in response to ED-32 of the LCME standards.

An example of a possible 4-question feedback form was distributed to all in attendance. Course Directors know the top students (doing very well), the lower students (not doing well; you need some work), and mid-range students (all is well; keep going).

Feedback needs to be done in small groups, definitely, but what is a good way to do this in large-session courses? Small group facilitators would do their own groups, using a form through eValue or CourseEval. However, there could be trouble with participation by community members who are not affiliated with the U, as they often only come to campus once or twice. They have no experience with the process and have minimal contact with students.

Millennial learners expect feedback, negative or positive. So there needs to be a mechanism to provide it to each student. This is a different approach and expectation from what current faculty experienced when they were students, where the best feedback was *no* feedback.

Committee member comments:

- The administration needs to be cognizant of the time involved and any cost associated with providing/gathering/collating this feedback.
- It shouldn’t be done just to tick off a check-box.
- Faculty are incredibly busy, especially those in the clinical realm.

- The feedback must be meaningful to the students without being a burden on faculty.
- Give feedback in large courses without small groups to students in trouble; in courses with small groups give to all students through the small group facilitators.
- Perhaps a compromise is to give feedback in years 1 & 2 for just small groups and labs, and then strengthen the clinical feedback processes in years 3 & 4.
- Milestone 1, where students in Anatomy body buddy groups give feedback on one another, could be used for this mandate. However, it's not anonymous enough because each group has only 4 members.
- Don't involve the small group instructors in the HHD courses. Use 1.) Pathology lab and FCT facilitators, 2.) Body buddy groups, 3.) Mid-course (after midterms) letters to & meetings with struggling students.
- Involve the Faculty Advisors to pass-on feedback that Course Directors share about their students. But then--how will this information be collected and reported so that LCME knows that we're doing it?

SFC committee members believe that what is happening now regarding giving student feedback is sufficient, but that it isn't being communicated effectively to LCME.

Other questions/comments from committee members:

- What are other schools doing to address ED-32?
- The University of MN is a large school compared to many others, so our structure and processes may not compare to other school processes.
- LCME citations depend on who the LCME visitors are; other schools may not get cited on the same things.

FUTURE AGENDA ITEMS

Suggestions from Course Directors for future SFC meeting topics:

- Student disability services and accommodations
- ExamSoft & BlackBag assessments
- ILT feedback
- Copyrights & resources (focused on what we *can* do)
- Course co-directors (not the dyad)
- Number of slides in instructor lecture presentations

The next meeting on December 5, 2014 will be a joint one with the Clinical Education Committee and CUMED in Duluth in room Mayo B-646.

The meeting was adjourned at 8:56 am.

Respectfully submitted,
Brian Woods

Annual Course Review (ACR)
University of Minnesota Medical School

(This page to be filled in by ACE)

Course:
Course Director(s):
Course Manager:

Date of course:

Overall evaluation of the course:

Course grading rubric:

Number of failures for academic year:

Annual Course Review: Academic Year 2013-2014

Course: **Physiology (INMD 6814)**

Course Director (s): **Douglas Wangenstein and Stephen Katz**

Course Manager: **Brian Woods**

Date of Course: Spring 2014

Overall Evaluation of the Course: **4.4 (5 point scale)**

Course Grading Rubric: Taken from syllabus filled in by ACE

Number of Failures for academic yr: **2**

What worked well in 2013-2014:

Filled in by the CD (using data from CourseEval and from faculty as well as CD)

Integration of the course over the various organ systems, course was well organized, expertise of instructors (student evaluation of the 5 main course instructors was 4.6, 4.6, 4.6, 4.0, and 3.3, mean = 4.22 (5 point scale). Dyad (basic science/clinical) teaching was used in many sections and the new dyad with Dr. Chipman was especially well liked. Cardiovascular team teaching by Drs. Engeland and Osborn was very well received. The course notes (available as printed notes and available on Black Bag) worked very well. The course features an abundance of practice problems and old quizzes/exams which are appreciated by the students.

Areas of concern in 2013-2014:

Filled in by the CD (using data from CourseEval and from faculty as well as CD)

The Gastrointestinal section of the course still has a disproportionate number of student complaints, even though it used more novel teaching tools than all the other sections, including a new clinical dyad with Dr. Abraham, who also teaches in the second year GI course.

Students disagreed with the statement that “material assigned in readings but not discussed in class, as in the respiration and GI sections, helped facilitate my learning.”

Our labs/demo also received some modest student complaints. The overall lab/demo rating across 8 offerings was 3.8 out of 5. However, corresponding Black Bag low stakes summative quizzes on the labs/demos were rated 3.3 out of 5 overall. Our Lab /Demo room does not have Wi-Fi access and needs a general audiovisual update.

Changes for 2014-2015:

Filled in by the CD with follow up regarding changes from previous years

The new laboratory data acquisition and display equipment for some of the lab/demos was used for the first time. Audience response systems were not used. We did do some modifications of old exams to keep them relevant and contemporary. Hopefully we can maintain and perhaps expand Jeffery Chipman's clinical dyad presentations. We are investigating a total remodel of the lab/demo classroom, but this would not happen until summer 2015. We need to replace Drs. Levitt and Wangenstein after next year when their phased retirement ends, and we are presently examining options.

Best Practices:

Filled in by the CD

Course notes are usually "filled in" by the instructors using a tablet PC or document camera. PowerPoint slides are not heavily used in the course. Most sections of the class were team taught with various dyad approaches, and teachers were expert in their fields of instruction. Overall course organization and integration continues to be a great asset for physiology education. The use of practice problems and old quizzes/exams for student formative assessments is a strength of this course and appreciated by students. Assigned and recommended readings are from e-books, which are free to students on the Biomedical Library web site.