

Scientific Foundations Committee

March 11, 2016

7:45 – 9:00 am

Mayo B-646

Minutes

2015-2016 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	
David Baldes	INMD 6815 Human Behavior	
H. Brent Clark	INMD 6819 HHD – N & P	x
Greg Filice	MS 2 ID Thread	x
Glenn Giesler / Matthew Chafee	INMD 6813 Neuroscience	/
Bob Kempainen	INMD 6808 HHD – C & R	x
Robert Morgan	INMD 6809 HHD – R, D & O ³	x
Brian Muthyala	INMD 6803/6804/6805 ECM 1, ECM 2, ECM 3A	
Kaz Nelson	INMD 6819 HHD – N & P	
Catherine Niewoehner	INMD 6810 HHD – R & E-R	
James Nixon	INMD 6803/6805/6806/6807 ECM 1, ECM 3A/B/C	
Jan Norrander	INMD 6801 Human Structure and Function	x
Deborah Powell	INMD 6817 Principles of Pathology, MS2 Pathology Thread	x
Michael Ross	INMD 6816 Human Sexuality	x
Michel Sanders	INMD 6802 Science of Medical Practice	x
David Satin	INMD 6803/6804/6805/6806/6807 ECM 1, ECM 2, ECM 3	
Peter Southern	INMD 6812 Microbiology	x
Heather Thompson Buom	INMD 6811 HHD – GI & Heme	
Tony Weinhaus	INMD 6801 Human Structure and Function	
Kevin Wickman	INMD 6818 Principles of Pharmacology	x
Mary Ramey	MS2 Lab Med/Path Coordinator	x
Nicole Cairns	MS2 Student Representative	x
Blake Stagg	MS1 Student Representative	x
<i>Mark Rosenberg</i>	<i>Vice Dean for Medical Education</i>	
TBD	<i>Associate Dean for UME</i>	
<i>Jeffrey Chipman</i>	<i>Assistant Dean for Curriculum</i>	
<i>Anne Pereira</i>	<i>Assistant Dean for Clinical Education</i>	
<i>Michael Kim</i>	<i>Assistant Dean for Student Affairs</i>	x
<i>Suzanne van den Hoogenhof</i>	<i>Interim Assistant Dean for Assessment & Evaluation</i>	x
<i>Brad Clarke</i>	<i>Director of Curriculum</i>	x
<i>Jim Beattie</i>	<i>Director of MEDS / FCT Course Director</i>	x
<i>Leslie Anderson</i>	<i>Chief of Staff, Medical Education</i>	
<i>Scott Slattery</i>	<i>Director of Learner Development</i>	x
<i>Heather Peterson</i>	<i>Medical School Registrar</i>	x
<i>Brian Woods</i>	<i>Lead Course Manager</i>	x

Guests: Adam Maier

The meeting was called to order at 7:30am.

Minutes

Draft minutes from the February 12 meeting were approved as submitted.

Updates/Announcements

Reminder: the next SFC meeting is the quarterly joint meeting with CUMED & CEC. The date is **April 1**, and the start time is **7:00am**. This will be Dr Englander's first curriculum committee(s) meeting. The agenda will include a discussion on diversity & inclusion.

The next Dean's Forum is today, March 11, from 12:15-1:15 in Moos 2-650. Brooks Jackson and other Deans will be in attendance to participate in a discussion on diversity at the Medical School. All are welcome to attend.

MEDS-Best Practices day is on May 5. Journal Club on Monday, March 14.

Brad Clarke thanked those Course Directors who have started or finished their course mapping. This is a big project, and Course Directors should contact him if they need assistance or have questions.

Student Issues/Concerns/Questions

MS2 students are "relatively happy" at this point, but Step 1 is looming. So there is a little stress around that.

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Annual Course Review

Science of Medical Practice – Michel Sanders

See attached ACR for details.

The course has been running smoothly for the last couple of years, as it did in Fall 2015. However, there are some large changes looming for Fall 2016.

Dr Schimmenti and Dr Calhoun have left the U, so this leaves a very large gap in human genetics, not only for the course, but for the University. Dr Sobek has health issues; at this point she's not sure how much she'll be able to teach in the Fall. Dr Sanders is on the hunt for replacement lecturers. Dr Powell & Dr Morgan volunteered that they have genetics contacts to pass along to Dr Sanders.

This problem brings to the fore a common problem at the U, where teaching is not a priority. There is a taskforce in place on education. However, the current Medical School promotion structure does not reward teaching for advancement; publishing is key right now.

Dr Kim suggests a restructuring of the course/class calendars for the first fall semester, since the semester is so long. Dr Filice asked how much is content, and how much is a culture change for these first years when med school starts? Nikki Cairns talked about how she had to change her mindset and way of studying when starting med school, coming from an undergrad way of thinking.

Dr Kempainen suggested a "primer" for the MS2 students on the HHD courses, because those courses are set up even differently than MS1 courses. There is a reason that MS2 courses teach what and how they do, and are not necessarily taught to the boards. Course goals are different then just teaching to boards Dr Minenko had a

survival guide for HHD5 (HD2)...it's possible that this guide would be helpful for students to see earlier in the year.

Dr Slattery is open to having sessions where MS2s talk to MS1s about the transition from 1st to 2nd year, and the different way of learning that is necessary. Nikki suggesting that having MS3s share their experience may be better received than the Course Directors trying to explain their courses. But how do you deal with those students who are disengaged? Usually they are the ones who need the help. Perhaps engaging the advisors to contact students would help.

Dr Powell suggested that direct feedback to the Admissions committee is needed about those students who were admitted with questions, and then either do well or do poorly. Dimple Patel sits on COSSS and hears about students with course struggles, but the Admissions committee as a whole gets no feedback. There needs to be case studies or aggregate data given to the committee as a whole.

Dr Filice asked about the privacy rules for students, and sharing info between administration & Course Directors. The Medical School needs to decide these guidelines & communicate them to faculty.

Human Sexuality – Michael Ross
See attached ACR for details.

Dr Ross in the incoming Course Director for 2016, but sat in on the course during 2015, and was a small group facilitator. He's impressed by the excitement & engagement of students here, based on his experience at other schools.

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Assessment is the biggest area for improvement. He will start from ground zero on the questions. One of the largest challenges will be how to assess the affective & competency issues necessary to the course. He may use standardized patient videos. He is also talking with faculty who use too many slides and are rated low in the course evaluation. Also he has been working with students and taking their feedback about issues, particularly LGBT, that may need improvement.

Other than assessments & lecture materials, there won't be other big changes for year until he's been through it as Course Director, except for replacing obtuse materials (i.e. sexual dysfunctions) with practice on taking a patient's sexual history.

Dr Katz commented that Dr Ross has an advantage here, that Dr Ross has overlapped the course with Dr Coleman. He also suggested looking for a co-director with a different but related expertise to assist with the management of the course. Dr Powell mentioned that this course is one of the strengths of our medical school. This course subject is not present at other schools, and making the course better will just raise its status.

Dr Katz also suggested the possibility of integrating sexuality issues with other courses in the MS1 & MS2 years, i.e. HHD4, HHD3, Human Behavior, and the ID thread, which also touches on sexual issues. He also mentioned that it may be helpful to bring in lecturers from other courses to reinforce the integration.

Dr Sanders wondered if there are national competencies around the teaching of sexuality. Dr Ross stated that the competencies are mostly in taking histories, not being embarrassed, and knowing what to ask. How to assess this in students is an ongoing issue, but using videos may be a good substitute for role-playing, due to students not being comfortable with this topic.

Discussion

Completion of student Incomplete (I) course grades – Heather Peterson & Stephen Katz
See attached policy.

The issue here is that some Course Directors have forgotten or don't know how to follow through on the completion of Incomplete "I" grades. An "I" grade is used when the student has completed & passed a majority of the course, and then has to leave the course for a valid reason. It's not used when the student is failing. Heather then clarified the difference between "I" & "W" (Withdraw) grades.

The next step is to develop a plan between the student & Course Director that details 1) what the student needs to complete, and 2) a timetable for completion. If the contract is not completed within the stipulated timeframe, the grade becomes an "N" (No Pass). For undergrad courses at the U, the timeframe is one full calendar year, but the U allows professional schools to determine their own timeframe. There isn't currently a Medical School template in use; several Course Directors volunteered to send the forms that they use to Heather for review.

The Office of Student Affairs will collaborate with Course Directors on those students who need to take an "I". The Course Director's role is to determine if the student is successfully passing their course at the time of student request to take an "I". This determination could be difficult in HHD courses because they are so short, and don't have many formative assessments along the way. Course Directors do not know the history & context of the student. Dr Kim, Dr Slattery & Heather are the COSSS subcommittee that would review all these "I" grades. Dr Sanders would like to have stated deadlines, as students often don't have realistic timeframes about their progress and readiness to complete a course.

Heather summarized:

- The Office of Student Affairs should be part of the drafted form and notification process. She will draft the "I" form, and return to SFC to show it off.
- There should be a deadline to complete course work. It must be done before moving to the next course year.

It was confirmed that it's still possible to earn "H" after receiving an "I" grade.

Future Agenda Items

Suggestions from Course Directors for future SFC meeting topics:

- ExamSoft & BlackBag assessments
- ILT feedback
- Copyrights & resources (focused on what we *can* do)
- More Blackbag search examples, Gradebook, downloading, calendar, checking feedback cards
- Survey students about type of practice questions/formative
- The Four Habits Model (Michael Kim)
- Variability in how disability accommodations are implemented
- Revisit of Heather Peterson with a draft Incomplete contract

The meeting was adjourned at 8:50am.

The next meeting is **April 1, 2016**, from **7:00-8:30am** in room Mayo B-646. This is the quarterly joint meeting with CUMED & CEC.

Respectfully submitted,
Brian Woods

Annual Course Review (ACR)
University of Minnesota Medical School

Course: 2015-2016 Science of Medical Practice
 Course Director(s): Michel Sanders; Lisa Schimmenti
 Course Manager: Aliyu Ojarigi

Date of course: 8/10/2015 – 12/18/2015

Overall evaluation of the course: 4.3 / 5.0

Course grading rubric:

GRADED ITEMS	DUE or EXAM DATES	Number of Questions	Points	% of Grade
Online Quizzes (17)	See Quiz Schedule	107	107	10.7%
In Class Tests (2)	Fri 9/11; 8:00 - 8:50	30	90	9%
	Fri 11/20; 8:00 - 8:50	30	90	9%
Mid-Course Exam	Mon 10/12; 8:00 – 11:00	100	300	30%
Final Exam	Mon 12/14; 8:00 – 11:00	100	300	30%
Professionalism	Attend all of the 21 required sessions	NA	115.5	11.6%
			1000 + 2.5 extra credit points	100%

Number of failures for academic year: 5

1. Briefly describe the learning outcomes for your course

Our learning objectives for the course and for each session are based on the national competencies developed by the Association of Professors of Human and Medical Genetics (www.aphmg.org) and by the Association of Biochemistry Educators (www.abe.wildapricot). Both Drs. Schimmenti and Sanders attend the national conferences that are specifically organized to assess and direct the education of medical students in the areas of genetics and biochemistry.

The broad goals of the course are to provide students with a contemporary, integrated understanding of the biochemical and genetic basis of human health and disease. Information from the disciplines of biochemistry, genetics, nutrition, cell biology, cancer biology, and developmental biology is integrated so that the scientific foundation for clinical medicine is deep and robust.

2. Describe what evidence you have that the outcomes are being achieved. Include student review information.

- Performance on midterm and final examinations:
 - midterm = 86% \pm 8.5%
 - final = 86.9% \pm 9.1%
 - These numbers are very comparable to what they have been previous years
- Overall performance:
 - 52/171 = 30.4% of the students got 93% or better of the total course points, which earned them Honors in the course
 - 85/171 = 49.7% of the students got 90% or better of the total course points
 - 5 students failed the course because of failing the final by 1 or 2% points
- Student evaluations: The results are tabulated below. Please note that we do NOT make any assignments for independent learning time (#2 below). Also, we do not address Quality Improvement (#10), and we do very little with Public Health (Q9) or Interprofessional Education (Q11). The Response rate was 93.57%.

Basic Science Core Rating Items		INMD 6802						
		Responses					Course	
Q	Item	SD	D	N	A	SA	N	Mean
Q1	The course objectives were made clear to me.	0	1	5	85	69	160	4.4
Q2	The assignments planned for independent learning time facilitated my learning of the course material.	2	4	29	87	38	160	4.0
Q3	The resources provided for the class were useful in learning the material: (i.e. recommended readings, course packet, BlackBag site)	2	5	15	93	45	160	4.1
Q4	There were adequate opportunities for non-graded self-assessments (i.e. quizzes, discussion questions, practice or review questions).	2	12	8	96	42	160	4.0
Q5	There was close agreement between the stated course and session objectives and the information taught.	0	1	6	101	52	160	4.3
Q6	The graded assessment(s) appropriately tested the course objectives.	0	6	17	97	40	160	4.1
Q7	Overall, I have acquired an understanding of the stated course objectives.	1	0	8	95	56	160	4.3
Q8	The course content was successful in integrating basic science knowledge and clinical practice.	1	5	15	93	46	160	4.1
Q9	Public Health topics were integrated within the course.	1	16	40	74	29	160	3.7
Q10	Quality Improvement topics were integrated within the course.	13	40	41	53	13	160	3.1
Q11	Interprofessional Education topics were integrated within the course.	9	31	44	67	9	160	3.2
Q12	Overall, I have found this course to be valuable.	1	1	7	94	57	160	4.3

Responses: [SD] Strongly Disagree=1 [D] Disagree=2 [N] Neutral=3 [A] Agree=4 [SA] Strongly Agree=5

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	2010	2011	2012	2013	2014	2015
1. The course objectives were made clear to me	3.3	4.3	4.3	4.5	4.3	4.4
2. The assignments planned for independent learning time facilitated my learning of the course material				3.9	3.9	4.0
3. The resources provided for the class were useful in learning the material (readings, course packet, BB)		4.1	4.1	4.1	3.9	4.1
4. There were adequate opportunities for non-graded self assessments	3.2			3.8	3.8	4.0
5. There was close agreement between the stated course objectives and the information taught	3.5	4.3	4.2	4.3	4.1	4.3
6. The graded assessments appropriately tested the course objectives	3.3	3.9	3.7	4.0	3.9	4.1
7. Overall, I have acquired an understanding of the stated course objectives		4.3	4.2	4.3	4.3	4.3
8. The course content was successful in integrating basic science knowledge and clinical practice				4.2	4.3	4.1
9. Public Health topics were integrated within the course					3.7	3.7
10. Quality Improvement topics were integrated within the course					3.2	3.1
11. Interprofessional Education topics were integrated within the course					3.2	3.2
12. Overall, I have found this course to be valuable					4.4	4.3

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3. Describe what is working well in your course.

In this sixth year since the inception of the course, SMP ran smoothly. Most of the faculty are very strong, the lectures are well coordinated, the medical relevance continues to be enhanced, and the support by the course manager and other Medical Ed office support was exemplary. The 7 sessions with patients and the capstone sessions with Rick Guidotti (“The Spirit of Difference”) continue to be very popular. Also, we introduced an additional 4-hour symposium on development, so we now have 8 four-hour symposia to go into key topics in more depth. These typically involve a patient and other specialized/interprofessional faculty and have proven to be successful in enhancing both learning and interprofessional education (although the students do not seem to be very aware of the latter component).

4. Describe any areas of concern.

There are two areas of somewhat minor concern: 1) Is that one of the faculty members received a mean of 2.8/5 with regard to “presented topics in a clear and understandable manner”. This is below our expectation and none of the other 13 faculty scored below 3.7. The major issue seems to be that he appears to be somewhat unprepared when he comes to class. I have discussed the evaluations with him and what could be done to improve them for next year. He genuinely wants to do a good job and this is only his second year teaching in SMP, so I am hopeful that there will be improvement next year. 2) The quality of the Study Question bank isn’t as high as it could be. It needs to be updated both for content and errors.

5. Describe the progress of the changes being made as the result of your previous ACR (*your intended changes will be pre-filled by ACE*)

Intended changes for 2015-2016:

We do not plan any substantive changes for next year. However, we would like to address the perception that we are not doing much with Interprofessional Education as, in fact, we are for a basic science course. We have 8 – 10 genetic counseling students in the class, and as a consequence we have both genetic counselors and cytogeneticists on the faculty. By highlighting the inclusion of these and other faculty more directly, we believe that students will gain a greater appreciation for the aspects of interprofessional educational aspects of the course. We will do this during the Introduction the first morning as well as at the appropriate time in the course.

We will continue to build the Student Study Question Bank by adding about another 50 questions to it this upcoming year.

While we do have Interprofessional Education aspects of the course including a number of different professionals as lecturers and including genetic counseling students, we do little to discuss Interprofessional Education topics per se. As a result, we did not make any progress, at least based on the student evaluations, with regard to their appreciation for the interprofessional aspects of their education. I propose making it more apparent directly in the syllabus next year, and also asking the invited faculty to more directly address the interprofessional nature of their presentation.

We added a number of questions to the Study Bank and, in addition, provided practice tests for the two one-hour tests and the midterm and final. We will continue to work on providing additional questions, but our Study Bank is already over 600 questions, and on improving the quality of the questions.

6. Describe any changes you intend to make for the next academic year.

Next year is of significant concern.

Dr. Schimmenti has moved to the Mayo Clinic and will no longer be the course director for the genetics component of SMP. In addition, she will no longer be teaching 13 lectures. A search is underway for a replacement but as yet we have been unsuccessful. This is of major concern because Dr. Schimmenti was responsible for the high quality of the genetics part of the course and also for providing considerable clinical relevance for the basic biochemistry.

Dr. Calhoun, the other pediatric geneticist who lectures in the course (5 lectures), has given notice and will be leaving the U the end of June. Thus, we will also lose her clinical expertise. I just found this out on Wed 2/3, so nothing has been done as yet to replace her.

Dr. Sobek, who teaches the molecular biology and protein structure/function part of SMP (~25 lectures), has an autoimmune disease that destroyed her kidneys in about a month. She is doing well on dialysis and hopes to teach in the fall, but that may prove to be unfeasible.

I am working in concert with Jeff Chipman to reconstruct this course but as of now we have no solutions to any of these issues. However, it is my expectation that the content will change in conjunction with the change of faculty.

Annual Course Review (ACR)
University of Minnesota Medical School

(This page to be filled in by ACE)

Course: INMD 6816, Human Sexuality
 Course Director(s): Dr. Eli Coleman (ACR completed by Michael Ross)
 Course Manager: Aliyu Ojarigi

Date of course: 5/11/2015 – 6/19/2015

Overall evaluation of the course: 4.0/5.0

Course grading rubric:

Assessment	Open Date & Time	Close Date & Time	Time Limit	Points
Quiz #1	Friday, May 29th 1:00pm	Friday, June 5th 11:59pm	15 minutes	10
Quiz #2	Tuesday, June 16th 1:00pm	Tuesday, June 23rd 11:59pm	15 minutes	10
Final Exam	Monday, June 22nd 12:00pm	Thursday, June 25th 11:59pm	30 minutes	20
TOTAL POINTS				40
Minimum points required to pass the course				28 total (70% of 40) AND 14 on the Final Exam (70% of 20)
Total Points required to earn honors				38-40 (And attend all required sessions)

Number of failures for academic year: 3

1. Briefly describe the learning outcomes for your course
 - To develop in the students a professional non-judgmental attitude for a wide range of sexual behaviors, attitudes, and values encountered in different patient populations and clinical practice, regardless of the students' own sexual value system. Students will understand how their own sexual attitudes and values can be different from what is required for clinical practice.
 - To develop in the students a recognition of need for attention to patients' sexual concerns as they emerge in clinical settings.
 - To develop in the students an appreciation of the integration of the study of human sexuality with other aspects of medical health care delivery.
 - To recognize and respect boundaries of the doctor-patient relationship.
 - To develop in the students skills in interviewing techniques and responding to patients' sexual concerns.
 - Recognize a sexual concern or complaint of a patient whether presented directly or indirectly.
 - Judge accurately the components of a sexual problem that requires or is amenable to clinical intervention with a biomedical emphasis, and those that will require intervention that is on an educational/counseling basis.
 - Develop a realistic planned approach for dealing with sex-related symptoms not immediately recognizable as connected to an organic disease state or to a known and well defined sexual dysfunction.
 - Give accurate and relevant information to patients regarding their sexual concerns or problems.
 - Make effective referrals when appropriate to specialized resources for the treatment of sexual dysfunctions or sex-related problems
2. Describe what evidence you have that the outcomes are being achieved. Include student review information.

Many of these outcomes are not evaluable by the sorts of examinations and questions which we use for assessment. My primary goal is to (over time) match assessment with the affective as well as the cognitive components, and the competencies needed. I would like to start with some standardized videos (standardized patients) which students would watch of clinical encounters and then make assessments, for quizzes.

3. Describe what is working well in your course.

The classes attract a lot of interest and the lecture theater is full. The panels are particularly liked. Small groups were also popular, but with caveats that role-playing does not work well for many.

4. Describe any areas of concern.

The assessment was a common concern – not enough time, questions on minutiae, not good at assessing understanding. This area came in for almost universal criticism. Some presenters were criticized for having too many slides and skipping over some because of lack of time.

5. Describe the progress of the changes being made as the result of your previous ACR (*your intended changes will be pre-filled by ACE*)

(no 2013-2014 ACR on file)

6. Describe any changes you intend to make for the next academic year.

We will totally revamp the assessment. There will be more questions and more time, and I will be at each lecture and design questions (in association with the presenter for each topic) that are completely new. We will also explore the possibilities for using the small groups more effectively.

Medical School Grading and Transcripts: Twin Cities, Duluth

FULL POLICY CONTENTS

Policy Contents

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Effective Date: February 2007

Last Update: January 2016

Responsible Officer:

Associate Dean for Undergraduate Medical Education

Policy Owner:

Office of Undergraduate Medical Education

Policy Contacts:

Associate Dean of Student Affairs & Admissions (DL)

Medical School Registrar (TC)

Policy Statement

A. Medical School Grading System

1. There are three grading systems within the Medical School at the University of Minnesota, H-P-N and P-N (years 1 & 2 curriculum), H-E-S-N and P-N (years 3 & 4 curriculum).
2. The Clerkship/Course Director will determine which grading bases will be used for their course(s) before the semester begins and request approval from Ed Council. Course grading bases cannot be changed after the semester has started.
3. Permanent grades will be entered on a students' official transcript.
4. Grades cannot be withheld for reasons outside of the course requirements outlined in the course syllabus.
5. Course Directors hold the responsibility and authority for individual student grades.

B. Permanent Grades for Academic Work for Credit and No Credit Given

1. Years 1 & 2
 - i. H (Honors) – Represents achievement that is outstanding relative to the level necessary to meet course requirements.
 - ii. P (Pass) – Represents achievement that meets the course requirements in every respect.
 - iii. N (No Pass) - Represents failure and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (see Section C).

2. Years 3 & 4

- i. H (Honors) – Represents achievement that is outstanding relative to the level necessary to meet course requirements.
- ii. E (Excellent) – Represents achievement that is significantly above the level necessary to meet course requirements.
- iii. S (Satisfactory) – Represents achievement that meets the course requirements in every respect.
- iv. N (No Pass) - Represents failure and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (see Section C).

Or

- v. P (Pass) – Represents achievement that is satisfactory (S).
- vi. N (No Pass) - Represents failure and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (see Section C).

C. Incomplete Grades

1. There will be a symbol I (Incomplete) awarded to indicate that the work of the course has not been completed. The I will be assigned at the discretion of the Clerkship/Course Director when, due to extenuating circumstances, the student who has successfully completed a substantial portion of the course's work with a passing grade was prevented from completing the work of the course on time.
2. The assignment of an I requires a written agreement between the Clerkship/Course Director and student specifying the time and manner in which the student will complete the course requirements. Failure of the student to comply with the terms of the agreement will result in a failing grade (N).
3. A student does not need to be registered at the University in order to complete the work necessary to convert an I to a grade with credit in the time and manner previously agreed upon between the student and the Clerkship/Course Director.
4. I grade will remain on the transcript until changed by the department (for years 3 & 4) or the Medical School's registrar.
5. When an I is changed to another symbol, the I is removed from the record.
6. If a student graduates with an I on the transcript, the I will remain permanently. A student may petition the Medical School, within a year of graduation, to complete the work in the course and receive a grade.

D. Withdrawing from a Course

1. Withdrawal from a course at any time requires approval from the Medical School and may not be granted solely because a student is failing the course; extenuating non-academic circumstances must also be documented to justify late withdrawal.
2. Appeals will be submitted for a course withdrawal to the
 - i. Years 1 & 2 – Associate Dean for Student Affairs & Admissions on the Duluth campus or the Assistant Dean for Student Affairs on the Twin Cities campus for review with recommendations forwarded to the Associate Dean for Undergraduate Medical Education for final determination.
 - ii. Years 3 & 4 – Assistant Dean for Student Affairs and Course Director(s) on the Twin Cities campus for review with recommendations forwarded to the Associate Dean for Undergraduate Medical Education for final determination.
3. There will be a symbol W (Withdrawal) entered upon a student's record when the student officially withdraws from a course. The W will be entered on the transcript irrespective of the student's academic standing in that course.
4. Approvals to remove the course from the transcript can be granted only under the presence of extreme circumstances and on administrative approval of a student's appeal.

E. Other Transcript Symbols

1. **Test Credit.** There will be a symbol T indicating that a year 1 or 2 student successfully remediated a course failure by re-examination. The T allows for the course credits to be counted into the students' graduation requirements. (This does not apply to students required to repeat a failed course). The original N grade remains on the transcript for the failed course.
2. **Continuation course.** There will be a symbol X indicating a student may continue in a continuation course in which a grade cannot be determined until the full sequence of courses is completed. The department/registrar will submit a final grade when the student has completed the sequence.
3. **Course in progress.** There will be a symbol K assigned by the department/registrar to indicate the course is still in progress and that a grade cannot be assigned at the present time. The department/registrar will submit a final grade when the student has completed the course requirements.
4. **No grade reported.** There will be a symbol NR administratively assigned to indicate that a grade was not reported for the course. The department/registrar will submit a final grade when the grade becomes available.

F. Repeating a Course

1. Year 1-4 students who take a course for the second time will be registered for the course again. Thus, the transcript will list the course and the final grade twice.
2. Students who are required to retake a course because of failure will receive the grade they achieve for their last performance of the course based on the grading standard outline in the course syllabus.

3. No course that has been successfully completed may be repeated for a higher grade.

Reason for Policy

To accurately reflect the students' performance throughout their medical school experience.

Procedure

The Medical School will contact the OTR to post a T grade when a student passes a course by special exam.

Definitions

Related Information

- [Course Grades, Years 1 and 2](#)
- [Clinical Course Grades, Years 1-4](#)
- [Grade Submission Deadline for Courses and Clerkships, Years 1-4](#)

History

Amended:

April 2015 – Major revision: Updated Policy Statement, expanded procedures to include grading system and definition, incomplete course work, withdrawing from a course, and other transcript symbols.

Last Updated: February 21, 2012

Effective:

May 28, 2007 for years 3 and 4

September 4, 2007 for year 2

August 9, 2007 for year 1

Approval:

Passed by TC Subcommittee to the Curriculum Committee on 2/2/07

Passed by Duluth Subcommittee to the Curriculum Committee on 2/13/07

Discussion:

Curriculum Committee – 12/1/06

SFC and CEC Committees – 4/3/15, 6/5/2015

CUMED Committee – 5/12/2015