

Scientific Foundations Committee

September 9, 2016

7:30 – 9:00 am

Mayo B-646

Minutes

2016-2017 Scientific Foundations Committee Members		
MEMBER	COURSE/ROLE	ATTENDANCE
Steve Katz	Chair (INMD 6814 Physiology)	x
David Baldes	INMD 6815 Human Behavior	
Matthew Chafee	INMD 6813 Neuroscience	
H. Brent Clark	INMD 6819 HHD – N & P	x
Greg Filice	MS 2 ID Thread	x
Bob Kempainen	INMD 6808 HHD – C & R	
Robert Morgan	INMD 6809 HHD – R, D & O ³	
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	x
James Nixon	INMD 6803/6805/6806/6807 ECM 1, ECM 3A/B/C	x
Jan Norrander	INMD 6821 Human Histology	x
Deborah Powell	INMD 6817 Principles of Pathology, MS2 Pathology Thread	x
Michael Ross	INMD 6816 Human Sexuality	
Michel Sanders	INMD 6802 Science of Medical Practice	
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	x
Tony Weinhaus	INMD 6820 Medical Gross Anatomy & Embryology	x
Kevin Wickman	INMD 6818 Principles of Pharmacology	x
Blake Stagg	MS2 Student Representative	x
TBA	MS1 Student Representative	
<i>Mark Rosenberg</i>	<i>Vice Dean for Medical Education</i>	x
<i>Bob Englander</i>	<i>Associate Dean for UME</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>Austin Calhoun</i>	<i>Chief of Staff, Medical Education</i>	x
<i>Scott Slattery</i>	<i>Director of Learner Development</i>	x
<i>Heather Peterson</i>	<i>Medical School Registrar</i>	x
<i>Mary Ramey</i>	<i>MS2 Lab Med/Path Coordinator</i>	x
<i>Brian Woods</i>	<i>Lead Course Manager</i>	x

Guests: Chelsey Jernberg, Serena Sherrell

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

Minutes

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

Updates/Announcements

Austin Calhoun, new Chief of Staff, was introduced and welcomed. She gave a brief background of herself, and is excited to be part of Medical Education.

The next meeting will be on **October 7, from 7:00-9:00am (note extended time)**. This is the quarterly joint meeting, and will consist of Diversity & Inclusion training and be delivered by the Office of Equity & Diversity. Education Council recommended that all Course and Clerkship Directors take this training. Dr Powell noted that the Admissions committee is also participating in implicit bias training.

Brad Clarke thanked all the Course Directors for completing the course mapping for their course this year. It's 99.9% done. Once the data is sent to AAMC, there will be reports and info/data to share with the Course Directors. Going forward, Course Directors will only need to make corrections or re-map to sessions & objectives that change.

Student Issues/Concerns/Questions

Last minute class schedule changes – Blake Stagg

ECM3B change from “work on service learning project” all afternoon to class session time for two hours on the first day of class. This change occurred only the week before classes started, and no notification was sent to the class. One possible ramification is that previously scheduled volunteer activities would need to be cancelled. It is not known whether any students actually had to reschedule activities.

Annual Course Review

Principles of Pathology – Deborah Powell

See attached ACR for details.

Highlights of the 2016 Principles of Pathology ACR:

- The course consists of lectures, weekly case-based labs, and a 4-person group Independent Study Project (ISP). This ISP includes a peer evaluation, to enforce the group aspect of the project.
- Overall objectives are to understand basic pathologic functions, and introduce lab medicine.
- This course sets the stage for all Pathology in the Year 2 HHD courses.
- The revised case based labs are more participatory this year.
- ANKI flashcards & case answers are provided for every lab.

Concerns:

- Students want more normal histology presented (mostly forgotten from the first semester of year 1) contrasted with the abnormal.
- Again, students want more review & practice questions.
- Professionalism—for the first time, 3 students did not complete the peer assessment portion of the ISP. One ended up failing the course.
- One student comment on the course evaluation was very disturbing.

- There are negative comments on course packet. Students want Pathoma; some say it's recommended by the Medical School. Dr Powell is adamant about Pathoma *not* being recommended as a course textbook, but only as a test-prep resource.

Improvements for next year:

- Focused narrative mid-course feedback.
- Try to add more review questions.
- Course innovation proposal.

Committee discussion included recurring comments about students not wanting to work with peers in group work. Some 2nd year students gave poor advice that summer term isn't that hard.

There may be some nuggets of truth in the one person's extreme comment. Students often don't know the "why" behind the "what". Dr Powell is working with Dr van den Hoogenhof to come up with new modes of evaluation, with explanations of the "why".

Small groups are important because no person authors a paper on their own. Small group work emulates the team-based real-life work on the wards. Medicine is about solving patient puzzles. Dr Niewoehner sends a letter to the HHD4 students that explains small groups and the reason for them, but she still gets complaints. Jim Beattie shared that FCT this year is emphasizing collaboration and giving & receiving feedback. Austin Calhoun shared that there is an online tool called Flipgrid that is very useful for collaboration.

Scott Slattery added that he gets comments from students that they really like small groups. These are not filtering up to the Course Directors. He also clarified that Pathoma is not recommended as a textbook, but only as a study prep tool. It was very difficult for him to read the student evaluation comment.

3

Dr Thompson Buom suggested that an erosion of human interaction, with more online or optional attendance courses, may contribute to students feeling isolated and worn down. It makes a big difference to have face-to-face engagement.

Instructors have to want to interact and teach. Unfortunately there are some just don't want to be there, but are brought back each year due to lack of a replacement. We need to get a cadre of faculty who are invested. The Pathology department will now give RVU (Relative Value Unit) credits for teaching. Right now, non-faculty instructors get nothing but parking. There is no reward or connection to the University.

Blake pointed out a difference between year 1 & year 2 student mindsets. In year 1, the object is to pass the test, get honors, and mostly work alone. In year 2, there is more collaboration required, and more concept learning. Some students have a tough time making that transition; many students start year 1 learning from First Aid test prep books.

Feedback also needs to be taken with a grain of salt. Anonymous feedback is used by some students to vent and go beyond what is appropriate. The extreme feedback that Dr Powell received on the course evaluation should show concern for that particular student, and it doesn't necessarily reflect the need for large change in the course. Dr Wickman also had professionalism issues in his pharmacology course this past summer, when 4 students completely blew off a quiz, and didn't try to contact him to make up it up. He contacted the students' faculty advisors in case this is a recurring issue with these particular students.

Dr Kim noted that there is a taskforce forming to set up professionalism tracking. Also, a wellbeing project has started this year to help build student resilience.

Discussion

Use of the Incomplete contract form – Heather Peterson

This is a follow up from Heather's previous appearances at SFC.

- The form should be used when an Incomplete (I) grade is deemed necessary for a student.
- It's used when 50% of the course is complete, but the student can't complete the remainder of the course in the same term
- If the student completes less than 50% of the course, a W grade should be considered rather than an I.
- The Course Director should determine for their own course what constitutes "50%" (time, points, etc.).
- The Medical School registrar will look for the contract when an I grade shows up.
- The form will eventually become an online form.
- Course Managers will work with Course Directors to gather information and complete the form.

Creation of an official AUDIT course option – Heather Peterson

Background: There was a student with multiple course failures who appeared before COSSS. The courses that they did pass were barely passed. The student requested to Audit a course they had passed in order to solidify their knowledge, but the Audit option is currently not available.

Lively discussion followed, exploring ramifications and possibilities of the Audit option.

- How do we support students so they're most successful? An Audit option would allow a student to take a course a 2nd time, not receive a grade, and not earn credit. It's also not eligible for financial aid. The Course Director would determine the extent of participation for an auditing student (labs, small groups, tests, etc.). This would support students who are on a decal plan and need review.
- Could a student audit a course before taking it? Consensus is no. This could be written into the Audit policy. The policy can also state that the course must be attempted once for an actual grade.
- COSSS sometimes finds it very hard to find options to offer for particular students.
- This would need to be restricted to medical students, and not allow students from other programs to Audit Medical School courses. Possibly only COSSS could give permission for a student to audit.
- Auditing would help students achieve the goal of mastery of material. It's one method to help students achieve competencies when Medical Education moves to competency-based education.
- There are moral and legal issues involved— The Medical School is advancing students in a profession. Are repeatedly struggling student really ready to be a doctor and fit to be part of the profession? It's a complex situation
- How do we manage a student who fails and performs poorly in a course, and then audits the course later and performs poorly again. Minimal expectations and requirements would need to be set.
- How do we define satisfactory progress? Is it higher performance in a certain number of courses? Is it ok for a student to be passed through if they consistently perform low, but pass, in most courses?

Dr Kim noted that there are three groups that track struggling students: COSSS, the COSSS subcommittee (Slattery, Kim, Peterson), and Faculty advisors. Suggesting an Audit for a student would be a fairly rare situation, as the student would need to be decelerated, perhaps have a newly diagnosed disability. This option could be a way for some students to shore up their Step 1 prep and avoid some other costly test prep courses. Professionalism guidelines and consequences would be written into the Audit policy. The goal of the option would be re-exposure to the course material and to build up knowledge. COSSS looks at a student's entire academic record when they appear before the committee; this would be a helpful option to offer students.

Student affairs and the registrar will bring a proposal back to the committee for consideration.

Future Agenda Items

Suggestions from Course Directors for future SFC meeting topics:

- Increase or change calendar time for HHD3
- 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
- New promotion guidelines for teachers (non-tenure track)
- Mandatory hidden (unconscious) bias training for Course Directors
- How might Dr. Christina Petersen's work in the Center for Educational Innovation support the work of the years 1 and 2 course directors?
- Provide course schedule with required sessions 6 weeks in advance

The meeting was adjourned at 8:58am.

The next meeting is October 7, 2016, from **7:00-9:00am** in room Mayo B-646. This is a joint meeting with CEC & CUMED and will consist of Diversity & Inclusion training.

Respectfully submitted,
Brian Woods