

# UNIVERSITY OF MINNESOTA

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## Medical School

DULUTH CAMPUS

CUMED Brief 09/15/2016

*Meeting was called to order at 8:02 am*

### **Welcome:**

- Google Docs file will continue to be used for CUMED document sharing for AY 2016-17.
- Dr. Diebel will send out a Google form asking members to identify priorities they would like covered this academic year. Findings will be shared at the October meeting.

### **Course Brief AY 2016-17:**

- Dr. Shaw is the new Lead Course Director for FOM
- Dr. Nordgren is Co-Course Director with Dr. Trachte for the CRRAB I course and will transition into the Lead Course Director for CRRAB I in AY 2017-18.

### **Office of Medical Education & Technology Update:**

- [The Governance and Curriculum Oversight Committee](#) and the [Education Steering Committee](#) structure were presented to members. All the committees have Duluth representation on them.
- The Review of DU MedEd Workshop on August 31<sup>st</sup> was well attended. The workshop materials/recording are in the Blackbag session for those who were not able to attend.
  - The workshop was geared to discuss Blackbag, ExamSoft and DMed IT features.
  - Adam Maier and Krista Gallagher from the TC presented [BOX](#) and [ProofPoint](#) email. The technology is geared towards research and the need for encryption. These are the University's preferred method of use with HIPPA data.
- DMED faculty have been provided with the "2016 First Aid to USMLE Step 1" book. Additional books were ordered and will be handed out to new faculty.
- Course Budes for AY 116-17 were communicated to Department Heads, Lead Course Directors and support staff in August.

### **2015-16 Curriculum Review:**

- [DMED Course Pass Rates](#) were presented updates made. Minimal failure rates reported.
- [Course Evaluation Stats](#) are on a 1-5 scale except Neuro (1-4). FMed Precept will be added to the stat document. No dramatic changes seen from the previous years. Course objectives and integrated content were positive. The student comments on integrated content in the Graduation Questionnaire were positive as well.
  - Teaching faculty will always be on course evaluations. This is faculty with *direct contact* (includes facilitators) *with students during a session* and need to be listed in Blackbag.

- Faculty who *contribute to lectures* (creation of cases etc.) should keep track to document this on their annual reviews.
- Involved *clinical* faculty will be evaluated at *6 or more hours of teaching*. This includes facilitators that may only have a few students evaluating. TC also evaluate facilitators. The information is and can be valuable.
- Academic Support funds have been made available for courses. These funds can be used to purchase lunch as an incentive to complete evaluations of courses.
- **ExamSoft 2015-16 stats** showed 2543 exam/quiz questions used, 63 question challenged or 2.48% respectively. Challenged questions have been tagged in ExamSoft. The questions that were challenged for *changed answer, multiple answers or dropped questions* were represented and tagged. Faculty cannot automatically reuse a challenged question going forward without the question going through a review/edit.
- Images on some platforms do not come across well in ExamSoft. [Examsoft attachments Levels](#) have limits. Some will show up “zoomed in” and students must zoom out. This can be due to level limits. Dr. Diebel put an announcement in ExamSoft reminding students to always zoom out before answering a question. Questions are not dropped if students fail to read the statement.
- Exam questions are intellectual property of faculty, when faculty leave/retire, the options in ExamSoft: to have their questions not viewed (archival data), view only and current faculty can write a similar (not plagiarize) question or a faculty can donate their questions to the question bank.
- Drs. Jake and Amy Prunuske have donated their past exam questions. Best practice for creating an open question bank are currently being reviewed. Original authors will remain connected to questions but will revert to a DMED question and available for faculty to use.
- Exam question authors is not always the one teaching. The student’s perception is they are getting old questions on exams. Dr. Shaw has used questions by other authors and had her name added as an author as she taught the material. The original author shows up after her name. We are working on a process to assign the faculty who has requested to use the question (with the past author(s) hidden). Questions with multiple authors (one faculty who may have left employment) will not be tagged as a DMED question.
- ExamSoft has phenomenal capabilities and we are just beginning to tap into these. Exam banking can be used across campus and would show comparability of curriculums: i.e. using a neuro question from the TC etc.

### **NBME Step 1 Update:**

- The Class of 2018 had 4 students with a score of 260+. We have many students doing well. The mean score is 230 (previous year 227). Pass rate was 95% (previous year 98%).
- This year we had three students fail (two were decelerated students). Dr. Johns met with Dr. Micheals and over the last 4 years there were 14 decelerated students, 6 failed the NBME Step 1 (43% fail rate). Of these, there was one decelerated students out for medical issues and the student passed the Step 1. Another student was not added to this as they are in an additional board review course.

- We have decelerated students who pass the Step 1 and go on to do well, however, this gives us pause. The NBME Step 1 mean score for decelerated students is 202. Dr. Westra indicated we do not want to discredit the fact that we have students with anxiety. Dr. Michaels has encouraged students to do an additional board prep: i.e. Doctors in Training.
- Dr. Johns indicated studies have shown students who struggle in the first two years of school struggle in the last two years and into residency. These are red flags and will need more discussion. How much effort should be put into deceleration and the risk that comes with it? Dr. Westra indicated the majority of deceleration is in year 1. As Course Directors it is difficult to make the determination to limp students through a course by creating a different avenue to get them through or when to stop them.
- The Admissions Committee members are making a conscious choice admitting at risk student.
- Dr. Johns has reviewed student's score given by the Admissions Committee and correlated the information the NBME Step 1 and there is no correlation. The positive is we have a holistic admissions process that is not just focused on grades. If the admission scores correlated perfectly with the MCAT we would be totally going on academics. We have risky students and should not be surprised by decelerated outcomes. DMED is at the national score average for failure and above the national score average despite the mission driven acceptance.
- The factors that go into the Admissions Committee score are mission driven and weighted more strongly than the academic component.
- Dr. Johns will review how many decelerated students who participated in additional board prep passed the Step 1. Dr. Michaels will be asked to attend the October meeting.

#### **Curriculum of the Future Update:**

- The curriculum revision for AY 2018-19 is postponed, however, will continue to have further discussions. The decision to step back was made based on time. AY 2019-2020 is being discussed as a target, however, this is the LCME Accreditation visit year.

#### **Honor Grades:**

- This is a continued topic from [May 2016 meeting](#) to eliminating honors in the curriculum. Any grading changes must go through CUMED, the Scientific Foundation Committee (SFC) and then be approved by the Education Council (grading policies must be the same on both DU & TC campus).
- Dr. Johns would like to propose a pass/fail grading system beginning in AY 2018-19. The current MS 1-2 classes would remain under the current grading system.
- Dr. Johns presented the DU grading criterion across courses; taken from course syllabus. The rubric for honor grades is different across courses. There are current courses that only offer pass/fail grades.
- The AAMC Curriculum Inventory Group reported 87 schools are now pass/fail for their pre-clerkship courses.
- Residency programs look at NBME Step 1-CK 2 scores and Clerkship grades.

- Class rank can still be given without honors. Dean's letters usually use percentiles: i.e. top 10% of the class. AOA use points and we provide the point ranking to students. Dr. Englander supports eliminating honors and believes we will be competency based curriculum in the future. Grades will be a thing of the past.
- AOA will always exist. The AOA formula will be requested and shared with CUMED members.
- Marlee Novak, MS II, surveyed her class: out of 44 student responses (regarding Honors/no Honors) 62% indicated no Honors. Only 8% indicated to keep Honors. Student comments were:
  - Honors is something to strive for.
  - Honor grades are not necessary and adds to the competitiveness of the class
  - Honor grades encourage students into a test mindset instead of learning for long-term retention.
  - Eliminating Honors would help facilitate a better learning environment and reduce stress.

**REMINDER:** *Joint CUMED/SFC (Diversity Training) Oct. 7<sup>th</sup>, 7 – 9 am, 142 Med*  
*(1<sup>st</sup> option was Sept. 26<sup>th</sup> 10- noon in 130 Med)*

Meeting adjourned at 8:59 am. Next CUMED meeting: **Oct. 11 @ 8am.**

*The CUMED Attendees and Absent data can be reviewed on the CUMED Attendance doc in CUMED Google file.  
 Minutes transcribed by Brenda Doup and reviewed by Dr. Diebel (Chair) & Dr. Johns (ex-Officio)*