



CUMED 6/12/2018

Meeting was called to order at 8:06 am

**Attended:** K. Diebel, P. Fernandez-Funez, A. Greminger, R. Michaels, K. Nordgren, A. Shaw, G. Simmons, G. Trachte

**Absent:** J. Boulger, R. Christensen, R. Harden, R. Heuer, N. Jauss, K. Nelson (TC), E. Onello, J. Pearson, M. Statz

### Welcome:

- Dr. Aubie Shaw has accepted her nomination as the new CUMED Chair. Dr. Kevin Diebel, ex Officio, is the new Duluth Assistant Dean for Medical Education, Assessment & Evaluation.
- There was not a quorum to approve the May 2018 meeting minutes. The May minutes will be reviewed in September for approval.

### Student Updates:

- Rachel Heuer, MSII is doing clinical experience. *Note: for AY 2018-19, Rachel has been elected class Vice President for MS II. Blake Holbrook will be the MS II CUMED representative with Michelle Patregnani as the alternate representative.*

### Reminder:

- Dr. Diebel reminded members Blackbag sessions still need to be tagged for all courses. The deadline is June 20, 2018. The Blackbag calendar is set to roll June 25<sup>th</sup>. It is strongly preferred tagging be complete before the roll. Dr. Trachte would like an email reminder of how to tag in Blackbag. Dr. Diebel will send out individual email reminders to faculty with instructions. Dr. Nordgren suggested Course Directors to be copied for which course sessions are not tagged. Course Directors should handle outside clinical faculty and tag all small group learning sessions, i.e. PBL, Labs.
- Dr. Claudio Violato has arranged for a Syllabus Review Retreat on Tuesday, June 26<sup>th</sup> on the TC campus. At this time, no Duluth faculty has elected to attend. Dr. Diebel will ask Dr. Violato if the retreat (with clear goals) can be rescheduled that would better align with DU faculty availability. Dr. Trachte suggested the retreat could be held half way (around the Hinckley area) mid-day. Dr. Michaels added this is also a meet and greet. The current goals are lofty and 4 hours may not cover what the priorities are. Dr. Diebel has requested a TC roster of attendees and has not received this list.
- In AY2018-2019 there are many changes to curriculum support. The objective is to have one area for all curriculum needs. This will help eliminate the question of where to go regarding curriculum needs. Dr. Diebel stated the announcements will *first* go to department faculty and Faculty Assembly. A wider announcement will go out once staff are in place.
  - CUMED support will be transiting to Amy Seip, Education Specialist, beginning June 21<sup>st</sup>. Amy will coordinate the outside teaching clinician scheduling. Amy's duties will eventually transition into Faculty Curriculum Development, i.e. best practices in teaching, developing assessment and evaluations, peer to peer review of teaching, and other programs to make the DU teaching program more robust.
  - During this transition, some of the FMed curriculum duties Amy held will be assigned to a Family Medicine staff (Luanne Petcoff).
  - On June, 25<sup>th</sup>, Natasha Jauss will transition to DMED HR, Stephanie Appleby will be supporting the MSI courses and Brenda Doup will support MS II courses with some Academic Affairs responsibilities.

- The course support for MS I & II includes Blackbag, ExamSoft, curriculum room scheduling, coordinating outside teaching clinicians, etc. There are lingering Family Medicine components to be worked out, i.e. PDX, SIM Lab, OSCE etc.

#### **Length of CUMED Meetings:**

- Beginning in AY 2018-19, Dr. Shaw is requesting CUMED meetings increase to 1.5 hours. There are items pushed off or not carefully considered due to time constraint. The thought is to start the meetings at 7:30 am – 9 am.
- The consensus is 7:30 am – 9 am to reduce the impact on teaching and student time. A later time has its own conflicts with other committee meetings and FMed member teaching obligations.
- Dr. Michaels suggested putting the student CUMED agenda first so they can leave to attend their 8 am class.
- Dr. Diebel suggested an online feedback/vote of CUMED members on an earlier start time. This can make it more official.

#### **FOM & IRF-NAM Content:**

- Foundations of Medicine (FOM) and Introduction to Rural Family & Native American Medicine (IRF-NAM) courses will *thread* through the fall 18 semester. This idea originated from a number of faculty members and supported by the Regional Dean.
- The objective is to bring the mission of the DU Medical School forward in their first week and to bring in key elements of the Pre-Matriculation (Pre-Mat) program to all students. (The Pre-Matriculation program is not continuing effective 2018). The Pre-Mat course was a voluntary participation and not a course for students to register for.
- Dr. Fernandez-Funez question why the Pre-Matriculation course was eliminated? Dr. Shaw indicated the group who met felt the benefits of the course *should* have been given to all students and not a chosen group. Dr. Michaels added there was not enough evidence the course helped these students academically except for the socialization of participating students and faculty. All students benefit from this type of socialization. In modifying the first two courses, students can better settle in to medical school.
- FOM was a 7-week course followed by 2-weeks of IRF-NAM. The current plan is to *thread* IRF-NAM on Tuesday and Thursday mornings. FOM and IRF-NAM would go for 9-weeks. Again, the hope for this is to have a slower introduction to medical school. Dr. Michaels reminds everyone to be mindful of student time. An 8-hour day of content is not appropriate.
- With IRF-NAM threading through 9 weeks does not give that course more time for content. Dr. Greminger indicated the physical exam teaching is intense and is a big component. Although it will show as more time on the curriculum calendar, student time is based on groups, i.e. it may be an 8-hour block but individual student time is 2-hours. Dr. Michaels indicated LCME will want to know student time vs. course time. *Blackbag can accommodate student time in the curriculum mapping session. AY2018-19 is data capture year for LCME.*
- The FOM content will not change but assessments will increase based on a 9-week course, i.e. first week, students will be introduced to a low stakes assessment and assessments every 2-weeks after.
- IRF-NAM will deliver their content on Tuesday and Thursday mornings and *IRF-NAM will hold their assessments.* Students will now have a longer time to absorb physical exam data. Dr. Michaels added this points out cultural competency importance. There are discussions with FOM & IRF-NAM to combine an introduction into small group learning during the first week of class.
- Dr. Shaw will identify benchmarks to assess if this move is successful, i.e. failure rate, exam performance, physical exams, course evaluations, etc. Dr. Diebel suggested a faculty survey. This can give input on the pros and cons of a 7-week vs. 9-week course and can balance out the perspectives.
- Dr. Nordgren requested having a meeting with the Course Directors of FOM & IRF-NAM to look at potential overlaps of small group resources.

- Dr. Michaels has been receiving requests on when course schedules will be available. CRRAB and FOM can be rolled, however, tagging must be completed (tag, roll, fiddle).

### **Neuro Med & SoBe 1 Content:**

- Dr. Diebel indicated there are 3-SoBe I weeks that are delivered in the spring semester. Two out of the 3 weeks occur and link well with the Neuro Med course, i.e. early childhood development, adult disorders, death and dying etc. There has been discussion to incorporate the 2 SoBe I weeks into the Neuro Course to better link content. The involved Course Directors agree with the change to *merge* these curricular components together. The Neuro Med will assess the integrated content of social and behavioral material.
- Merging means 2 weeks of the SoBe I course will be a full integration into Neuro Med course. Teaching the section content together in a longer more comprehensive way will be more meaningful for students. Dr. Fernandez-Funez stated the SoBe I weeks, are lectures on disorders that directly relate to neurophysiology and pharmacology. This is a perfect way to integrate the basic science with the psychology and behavioral content.
- Neuro Med will be expanded from 8 weeks to 10 weeks. Further discussions are taking place on the best delivery of content, i.e. Neuro part 1, part 2 etc. There are also discussions of having multiple Course Directors.
- The SoBe I course will now be 3 weeks. One week in March and two weeks in June.
- Dr. Michaels raised the concern of when students register for a course and when grades are do. SoBe I has students registering in Spring with a grade entry in Summer. The course is set up as a longitudinal course in PeopleSoft. As these types of changes are made, we need to make sure systems are updated to reflect the changes. This is also an opportunity to look at how our courses should be set up within semesters.
- Dr. Nordgren pointed out FOM is now 9-weeks with the IRM-NAM integration and now a 10-week Neuro Med course. These will be the two longest and most challenging courses for students. We need to remember to integrate periods of relief/breaks for students. Dr. Michaels added other medical schools have 10 week blocks as well. CUMED does need to set a standard on the maximum student hours per week and hold and reinforce it. We are evolving and getting to the point of curriculum rules that can be reinforced by CUMED.
- Dr. Greminger indicated there are instances where small group activities do require a lunch hour but that hour does not involve the whole class. Students have commented they do not like the accumulative final that covers spring and summer content.
- Dr. Diebel has asked those involved with Neuro and SoBe I to be time neutral with a request to cut subjects that may have been overlapping. Dr. Fernandez-Funez reiterated that integration does reduce time when teaching.
- Dr. Michaels indicated the national trend is to reduce the first and second year curriculum from 18 months to 16 months. This is done by integration. Duluth is doing a great job keeping student hours down.
- Dr. Trachte indicated courses that have reduced course hours have seen an increase in the NBME Step 1 scores. Giving smart people time to study, they will do better.
- Dr. Michaels indicated there are solutions with lab components in courses. There is a search going on to bring in another anatomist to enhance how and when anatomy is taught. The current anatomy lab is not optimal. When students are given 7 dissections in one week and expected to do curriculum that includes PBL, its difficult on our students.

### **Master of Science Program:**

- Dr. Diebel indicated the process of developing a 2-year Master of Science program is underway. The approval process from CUMED and Education Council will take until October 2018 at the earliest. Dr. Fernandez-Funez will have the Master of Science schedule ready to go before October with the course to be offered in Fall 2020.
- Dr. Diebel will talk with Dr. Englander regarding the didactics of the program.
- Dr. Fernandez-Funez will schedule presentations for all the stakeholders regarding the Master of Science program.

- ***In summary***, the Master of Science program brings prestige to the DU Medical School
- Increases the medical school visibility showing an expanded mission.
- The academics in the program relate to faculty, especially in their undergrad courses. We have a large catalog of BMS courses that do not have a good integration for majors. This creates low student registration.
- The Medical School has an IBS Masters that it is fully dependent on teaching assistance (TA). Creating the Master of Science program is designed where students are paying for their way through grad school, which mimics how the TC graduate programs are designed. In addition, there are mandates from the Dean that faculty must pay for their time teaching undergrad/grad courses.
- Dr. Owen has studies of preparatory needs for the Native American community's. With this program, we can bring Native American students through the program. In one year these students can obtain a Post-Bac degree. This is a way of bringing the students into medical school more prepared. The Native American students can have full funding by philanthropy funds available. We also have the support of the Regional Dean for this. Dr. Michaels said the plan is unique to Minnesota and supports our mission. Although this does not guarantee acceptance into medical school, they are better prepared.
- *Specific program details including the financial impact will be covered in the upcoming presentations.*
- Dr. Diebel reminded members the Regional Dean has stated the Undergraduate Medical Education Program comes first. The expectation is faculty who want to participate in the BMS teaching, are still submitting grant applications, publishing papers and still have good course evaluations on your medical education teaching. Satisfying those components, faculty can negotiate buying back their teaching outside the core medical curriculum.
- Dr. Michaels added, based on her experience running a master's program, what will attract students is access to medical school. To sell this program, students will need to know what they can do with this degree. One drawback is there are schools who provide a stipend to get a Ph.D.

#### **Quick Update to the CRRAB II Course:**

- Dr. Greminger and Dr. Nordgren reviewed the renal content in CRRAB II. Renal scores have been declining. During the renal content review, there were several gaps found. To keep the CRRAB II time neutral, a few PBLs will be converted to more facilitated active learning. A few more renal lectures will be added as well as an independent learning time. Dr. Muster's contract would need to be adjusted based on her increased teaching.
- Dr. Michaels stated we know student scores in renal were going down and this is seen as a quality improvement. Dr. Nordgren indicated Dr. Muster has spent a lot of time looking at what boards are testing on and they style of questions being asked. There are also 7 dissection labs at the same time students are given the renal curriculum. With that, the content is being flipped; i.e. respiratory will occur first followed by renal.
- Student and faculty time will actually reduce with this model.

#### **Other:**

- Shared Course Directorship needs a best practice process of how to set up shared course duties. Dr. Michaels believes in equal control but is assigned different duties. At the end of a course all involved Course Directors share in completing reports and must approve the overall report.
- Integration of smaller courses into the larger courses has its advantages with assessments and evaluations for our students. Integration is not taking away the important topics but making the topics more relevant.

Meeting adjourned at 9:36 am. Next CUMED meeting: **Tuesday, September 11<sup>th</sup> @ 7:30 am – 9 am (104 Med)**.  
 Minutes transcribed by Brenda Doup and reviewed by Dr. Shaw, (Chair) & Dr. Diebel (ex-Officio)