

Education Council (EC) Meeting Minutes

December 15, 2009

Members present: *S Allen, D Anderson, L Anderson, M Baird, J Beattie, B Benson, A Campbell Jensen, B Clarke, T Ebner, A Friedman, H Grothe, C Hegarty, L Henson, R Hoffman, M Hordinsky, J Jochman, A Johns, T Killeen, L Ling, W Miller, A Minenko, C Niewoehner, J Nixon, C Patow, L Perkowski, D Power, L Repesh, L Ryan, R Soninno, T Thompson, T Walseth, K Watson, P White, M Woods*

Guest: *M Kim*

Members absent: *B Brandt, K Brooks, S Chahla, K Crossley, H Grothe, L Hansen, J Kohl, M Kondrak, M LuBrandt, J Miller, T Stillman, D Wangensteen, J Wynn, R Wong*

I. Approval of Minutes

Minutes for the November 17th meeting were approved without changes or additions.

II. Information

AAMC Articles

Dr. Aaron Friedman referenced 2 articles that appeared in the AAMC Reporter newsletter for November and their relevance to our admission application volume, as reported by Paul White. He also pointed out the second article regarding training for Rural Medicine as regards to RPAP; from the same issue of the AAMC Newsletter.

USMLE

Dr. Lindsey Henson noted that two recent noteworthy announcements regarding future changes to the USMLE Step exams, are included in the meeting packet and suggested EC members be aware of the announcements.

III. Discussion

Dean Frank Cerra, MD, was unable to attend today's meeting and will reschedule at later date.

CCA – Presentation

Outcomes and Next Steps

Dr. Linda Perkowski gave a brief update on the current status of the new Clinical Competency Assessment pilot exam sessions. The assessments were given to the MS-4 students who had not taken the PCC OSCE while they were Year-3 students; there were a total of 116 students tested; with 121 students eligible to take the assessment. Nine sessions were scheduled during September and October. The assessment was not mandatory this year but will be required for graduation for 2010. Of the 5 who were not assessed several have had some challenges in their clerkship rotations, which is concerning.

The CCA consisted of eight separate cases and the Student Assessment Committee determined within which discipline each case would likely occur, some cases may also occur in multiple disciplines. The primary competence being assessed in each medical case was identified for EC members. For the Pilot assessment the pass rate was purposely set

low and all 116 students passed the exam. Because not all students had taken all required clerkships at the time of the exam, they were scored based upon overall performance on all cases.

Questions from EC members include concern for how scores relate to the curriculum, reasons for lowest rate of performance on physical exam, how well students are observed/directed in PE and history while in rotations, how to improve focus on importance of PE in rotations, SOAP notes as portion of communication grade (they were scored separately), students not interested in feedback on their performance, students who chose not to participate, students not placing importance on exam performance, remediation for skills for low scorers, and data analysis by discipline. Education staff will meet with each clerkship director to review data and determine how future assessments can be designed to measure specific clinical skills. Additional discussion centered on methods for teaching medical students important basic skills and how they should prioritize executing particular skills in a clinical setting.

Planning of next steps for 2010 implementation include scheduling the exam over a longer (4-5 months) time period, requirement for graduation, and grades posted on transcripts. Plans to improve the value of the assessment will include feedback from clerkship directors to determine their view of important clinical skills. Increased focus on physical exam and differential diagnosis skills, student required to demonstrate more management skills, resolve scoring issues and implement a process for sharing feedback to individual students.

Dr. Perkowski reported that item analysis provides a better picture of strengths and weaknesses with relation to curriculum. She recommends future assessments be challenging to students, beyond practice for the CS2 exam, as a measure of abilities in performing important clinical skills. She also stated that it is important to determine what the School wants the assessment to measure, what data is needed to help inform the curriculum and the students. Dr. Kim gave strong recommendation that the exam become as a milestone exam.

The next Education Council meeting will be held on January 19, 2010

Approved by EC members January 19, 2010