

Education Council (EC) Meeting Minutes

September 21 2010

Members present: L Anderson, K Brooks, T Ebner, A Friedman, C Hegarty, L Hansen, L Henson, R Hoffman, G Jacobs, A Johns, S Katz, J Kreuser, W Miller, A Minenko, P Mulcahy, C Niewoehner, L Perkowski, R Sonnino, T Thompson, T Walseth, D Wangensteen, K Watson, P White, M Woods

Members absent: S Allen, M Baird, J Beattie, B Benson, B Brandt, S Chahla, K Crossley, H Grothe, M Hordinsky, T Killeen, M Kondrak, L Ling, M LuBrandt, J Miller, J Nixon, C Patow, D Power, L Repesh, L Ryan, T Stillman, R Wong

I. Approval of Minutes

Minutes for the August 17th meeting were approved with no changes or additions.

II. Information

LCME Moment

Dr. Lindsey Henson provided a list of the LCME Self-Study Committee Chairs and members. Several individuals remain to be confirmed; the selections are scheduled to be final by the end of September. She pointed out the Web address for access to the LCME Self-Study and Site Visit information, and encouraged EC members to visit the web site to stay informed about the database progress (<http://www.meded.umn.edu/lcme>).

III. Consent Agenda

Grading Policies

Dr. Woods introduced three recently up-dated policies; Year 1 and 2: Course Grades, Year 1 and 2: Exam Grades and Year 1 and 2: Exam Re-Takes. Some questions and concerns related to the new policies included the following: how integrated exam questions can be weighted as discipline specific and tracked for scoring, failure of one or two components within an integrated course, determining the number of questions per discipline in an integrated course exam and oversight of all exam questions by the course director.

With regard to policy changes for exam scoring and the weight of components within integrated courses, Dr. Woods stated that advisors in the newly developed Advisement System have a very large role to play in early identification of individuals who need assistance with academic performance. Students meet their advisors during Orientation in small group settings and frequent contact that begins early in the Fall semester establishes avenues for early intervention. If remediation is required the Exam Retake policy requires that the student work with the Course Director, Faculty Advisor and the Director of Learning Development to determine a plan.

IV. Discussion

New Curriculum Update

Dr. Henson gave an overview of aspects of the Year-1 revised curriculum for courses currently in the 7th week of the 2010 Fall Semester. This includes Science of Medical Practice, Human Structure and Function, and Essentials of Clinical Medicine. Student assessments will be both summative and formative for courses of the revised curriculum. Feed back is being gathered from students, faculty and through in-class observation by Medical Education staff. On-going positive responses and challenges that are identified will be used to gauge how course design is working and where changes are needed. Computers are required for students in the Year-1 class and they must also provide their own clicker for the personal "response system" faculty have access to as part of interactive learning. The potential for use of the

clickers in class activities will improve as faculty are able to attend small group sessions being offered as instruction for “clicker” use in the Year-1 classroom.

Program and Annual Summaries

- Admissions (TC and Duluth)

Duluth

Dr. Richard Hoffman, Associate Dean of Curriculum at Duluth, presented data for their Fall 2010 entering class, representing Dr. Lillian Repesh, Associate Dean for Admissions and Student Affairs, Duluth. He reported that the entering class for the Duluth includes 60 students, 6 of which are American Indian and 1 Hispanic. Their total pool of applicants was 1281, with 148 interviews, 83 acceptances and 60 matriculates. Approximately 86% of their entering class is from towns with a population of 20,000 or fewer resident. This factor is often an indicator for where they will decide to practice.

Dr. Hoffman provided a comprehensive set of data for the 2010 entering class at the Duluth campus (see attached). Their average total undergraduate GPA is 3.66 and average MCAT score is 29.13. Most of the individuals have an undergraduate degree in a science related field. Duluth and the TC campuses share duplicate applications for students who want to attend either campus. These individuals meet the Duluth Program criteria to practice as rural and/or Native American healthcare providers.

The Duluth YTD applicant pool is at 735, slightly lower than at this time last year.

Twin Cities

Paul White, Associate Dean for Admissions at the Twin Cities campus, provided names of the newly formed Admissions Executive Committee (AEC). He reminded EC members that the joint admissions process has been implemented for the current application year. AEC will oversee admission decisions for the entering class of Fall 2011 for both campuses and before offers of acceptance are made, will review proposed accepted applicant qualifications.

A profile of the entering class for Fall 2010 on the Twin Cities campus includes 169 matriculated students, 83% of them are Minnesota residents. The class is divided almost 50:50 between men and women and there are 38 culturally diverse matriculated students. This class has an average total undergraduate GPA of 3.71 and an average MCAT score of 32.4. Most members of this class have a bachelor's degree, with 8.88% having advanced degrees.

The Twin Cities YTD verified applicant pool is at 2042, slightly higher than last year at this time.

Both Dr. Hoffman and Mr. White stressed the problem of highly qualified, accepted students choosing to matriculate at other medical schools (see data for each campus) and reiterated reasons for these decisions as related to high tuition fees and lower overall scholarship dollars available at the University of Minnesota Medical School campuses.

- USMLE Step 1, 2CK, 2CS

Dr. Linda Perkowski gave a comparison of current and past USMLE Step 1, Step 2 CK and Step 2 CS performance data. She noted that the two campuses have similar pass rates with Duluth's mean slightly lower. Step 1 results are used by competitive residency programs to select individuals for their programs. Dr. Perkowski suggests using individual scores for career advisement for students when they are making decisions about residency Match choices.

She pointed out that the graph for subject areas, adding that this data frequently changes on an annual basis and that it is difficult to know how the exam measures the subject area (what disciplines are included). Overall results indicate that UM mean and score distribution is comparable to national trends. No statistically significant differences are noted.

Below Dr. Perkowski provided a link to the Medical Education program evaluation website and encourages EC members to view the detailed USMLE reports, comparing the UMMS scores to national results (<http://www.meded.umn.edu/evaluation>).

Next Education Council Meeting – October 19, 2010