

## Education Council (EC) Meeting Minutes

April 19, 2011

**Members present:** S Allen, L Anderson, K Brooks, H Grothe, C Hegarty, K Hemesath, R Hoffman, S Katz, T Killeen, J Kreuser, B Marsh, W Miller, A Minenko, P Mulcahy, C Niewoehner, J Nixon, L Perkowski, D Power, L Repesh, A Severson, R Sonnino, T Stillman, T Thompson, D Wangensteen, K Watson, P White, M Woods

**Members absent:** M Baird, J Beattie, B Benson, B Brandt, S Chahla, R Cormier, K Crossley, T Ebner, L Hansen, M Hordinsky, G Jacobs, A Johns, M Kondrak, L Ling, M LuBrandt, J Miller, C Patow, L Ryan, R Wong

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### Minutes

February 15, 2011 Minutes were approved with no additions or corrections (March EC meeting was cancelled).

### Consent Agenda

#### Student Duty Hours Policy

Dr. Miller asked EC members if there were questions or concerns regarding changes to the *Student Duty Hours Policy*. He noted that the changes were necessary to remain in compliance with the ACGME and those policies affecting residents. Upon a motion duly made and seconded the members voted to accept the updated Year 3 and 4: Duty Hours Policy and the policy was approved.

### LCME

Dr. Linda Perkowski reported that all Subcommittees were working toward completing their responses to the LCME questions for completion of the Database. Because 2010-11 is the year being referenced for the ED Questions; the Subcommittee is working to use current year data for the revised curriculum. Some courses are not yet complete and new data will be added when available after the year has ended. The LCME Steering Committee will begin to review the Reports in June and will request any additional data from Subcommittees, as needed.

### Information

Dr. Kathleen Watson reported that this year has been a successful Match; all University Residency programs filled their slots. She provided a broad range of statistics regarding the graduating class Match for 2011. The Scramble involved a greater number of our students, in part due to it being a larger graduating class. The number of students involved in the process of negotiating for open slots, was approximately the proportion of increased class size. Several individuals were matched with Programs at U of MN, during this process; Dr. Watson thanked those departmental for guiding students who were involved. She added that the Scramble process will change for the 2012 Match, allowing for a more positive scenario for those students involved. The time for negotiating will be extended and the process will become more systematic.

Questions were raised regarding why students don't Match and their risk factors that might be identified early. Dr. Watson reported that after reviewing the students involved in Scramble Day, the biggest risk factor identified was related to these students selecting residencies for which they were not sufficiently competitive to be selected. There is a national trend to have fewer residency slots available in the US, which will be more problematic for students making poor selections in the future. Other concerns are the number of new medical schools opening, the number of DO's graduating is increasing and the number of slots will not increase. Dr. Miller recommended there be future discussion regarding the trends and how they will affect the UMMS. Dr. Watson reported that the

2012 Match and scramble will take place the same week as our LCME site visit. For clinical faculty who work closely with medical students on a regular basis each year, it would be very helpful if they would notify Dr. Watson or Dr. Becker regarding students who are possibly at risk and the issues they may face when its time for Match and for graduation.

## **Discussion**

COSSS (Comm. on Student Scholastic Standing-Twin Cities) and SSC (Scholastic Standing Comm. – Duluth)

COSSS is the Medical School Committee on the Twin Cities campus responsible for promoting students annually. The SSC Scholastic Standing Committee in Duluth is responsible for Year 1 and 2 while they attend at that campus, once students transfer to the TC campus they're progress is monitored by COSSS. Dr. Watson gave an overview of the role of the COSSS and CSS in working with students who demonstrate areas of deficiency. This year with regard to other indicators of scholastic standing, there has been an increase of USMLE Step 1 (first try) failures for students from the TC and Duluth campuses. There was a slight increase in failures for Step II CK and Step II CS remains the same as other years. Delay of graduation can be caused by a number reasons; leave of absence for health or personal reasons, academic deceleration often has to do with failure of 1 or 2 courses, and Flexible MD are some of the common reasons.

With regard to the SSC on the Duluth campus, Dr. Lil Repesh spoke about the Duluth Year 1 and Year 2 statistics with regard to course failures. She reported that most of the failures were remediated by re-exam but several required that student return the following year to retake the course(s) causing them to have delayed progress. With regard to Step I in 2007-08 there were 2 failures, in 2008-09 there were 3 failures, and in 2010 there were 10 failures. Duluth has done a review and comparison of student performance on Step I using data for the last eight years and found over time a range of 92%-100% of Duluth students passing. They are looking at data to try to determine what indicators may be present for 2010. She reviewed the numbers for students decelerating, on leaves of absence, those withdrawing and dismissals.

Dr. Watson added for Fall 2010 at the TC campus course failures for the current year for both Yr-1 and Yr-2 students, have dropped significantly, with only four students failing. Dr. Repesh pointed out that their Foundations Course in Yr-1 seems to be an indicator of students who have issues with academic progress. While in Yr-2, Cardiovascular and Respiratory seem to be the most troublesome.

Clerkship data indicates that over the past 6 years failures have increased slightly. Among the Clerkships, Med I and OB/GYN seem to be the most common rotations students fail. Dr. Watson added that timing of rotations may have an impact on the failures, this is under review. In Table IV data has been considered in trying to determine how failures in years one and two predict failures in clerkships or lead to dismissal or withdrawal. By clustering students who were dismissed Dr. Watson was able to see that 3 failed at least 1 and more often they failed 2 or more courses over this time frame. In addition, they also failed Med I, another rotation and Step I. For students who have withdrawn there were similar profiles. The dismissals all occurred in Year 4, which indicates there is a significant need to establish a stronger need to recognize and determine dismissal at an earlier point in their medical education. There are indications that some students who have similar profiles do graduate, but data does indicate that prolonged health problems often lead to withdrawal. Dr. Watson reported that for students who fail Step I, 12.5 % are likely to fail a clerkship and for some students who remained in the program they did not match. Education Council members provided input and had a number of questions with regard to medical student progress, including the following:

- for individuals dismissed, all were seen by COSSS during their year 1 or 2
- Beginning in academic year 2010-11 students who fail 1 course in Yr 1 or Yr 2 are reviewed by COSSS, to identify students at risk early.
- Is there correlation for students who fail with regard to MCAT scores, GPA, etc? Possibly, but a case control student would need to be done. The Admissions Committee is aware of the scores and takes that into consideration during the admissions review process. It is difficult to link MCAT score to clerkship performance, but academically it is necessary for students to successfully complete Yr 1 and 2 for them to be able to show their skills in the rotations. These are considered

- The data indicates that in the past there are students who have had trouble in the knowledge portion, who then have difficulty with the synthesis in clerkship during year 3 and year 4. This makes predicting performance using GPA and MCAT scores only part of the complexity in determining admission.
- For most who fail a clerkship rotation(s) there is a knowledge deficit; occasionally there will be a professionalism issue.
- With the changes in the COSSS Policy requiring a student to appear after 1 failure; is that related to the drop in failures? It isn't possible to link them to each other at this time.
- New course had new exams and there may be a greater variation in exam questions that will be resolved over time.
- Questions may be less in depth and integrated courses are using fewer discipline specific questions, and the exams are shorter.
- The new advising system may be having an impact
- Duluth does admit students with a variety of MCAT scores and GPA and they have reviewed how that may have impacted the situation of more Step I failures
- L Repesh (Duluth) also noted that there were individuals with strong scores and GPA's who also failed
- L Repesh (Duluth) reported increased consideration for indicators and guidance by faculty and staff
- Step I was altered; requiring a higher score to pass and it is made up of fewer questions
- National pass rate did fall to 91%
- Looking at the most recent Match data, there is a very strong indication that many of these students would not Match at the end of their 4 years
- Unfair to not address the issues early in the process

Grade & Exam Policies Education Steering Committee (ESC) Proposal

Dr. Kathleen Brooks, Chair- ESC, presented 3 proposed Policy documents related to UMMS grading criteria. LCME requires the policies address comparability from a bi-campus perspective. Also there is variation in course structure (integrated, course components, and levels of active learning) on the Twin Cities. The proposed Policies were developed by the ESC at the request of the Education Council. The Year 1 and Year 2 Exam Grade and Course Grade Policy recommendations are also addressing a more philosophical perspective, which is to identify students at risk earlier in their coursework for the MD degree. Dr. Brooks noted that ESC members were asked to keep this in mind as the policies were developed.

As Dr. Brooks presented both the Exam Grade Policy and the Course Grade Policy, she noted that a major change in grading across all Year 1 and Year courses and exams, is implementation of criterion referencing (not based on a curve) grading. This method of determine grades should be explicitly identified in the course syllabus; defining 70% of the cumulative points available for the entire exam. Also the final exam score can contribute up to 66% of the P/f decision of the course grade. All courses are required to have a final exam that includes content representative of the entire course.

Comments: ESC held a great deal of discussion about use of 70% before settling on it as the P/F requirement. The concept of content representative of the entire course is different than a comprehensive exam which covers all points of everything in a course; but rather that it covers essential material and that material builds on material across an entire course. This may mean material that students would have needed to have had to understanding earlier material. Students must receive timely feedback on all performance measures.

In addition there have been long discussions held in a number of forums including the EC regarding integrated exams and reporting the discipline specific sub scores and how they are accounted for. The decision is that it is a total 70% exam score rather than individual sub set scores. There is variety across all courses for the number of subsets existing in a given course. For example, it would be ludicrous that a student would need 70% of 3 questions to pass a subset. The recommendation is that the discipline specific sub scores would be available for students and the course director could refer a student Learner Development.

Questions were raised to ask what has led to the current situation where fewer students failed courses in the AY2010-11. Were there unintended consequences in changing a grade policy? It was noted that Spring semester hasn't ended and may change results of the overall P/F of courses. The integrated exam was different for HD 3. Questions from faculty were combined to reach an appropriate number of questions and there may have been gaps created in that process. Dr. Miller added that content knowledge may have been diluted during exam preparation. He questioned whether subsections were reviewed overall? Dr. Anne Minenko, course director for HD 2; predicts that the grade policy change to criterion referenced scoring will capture more student failures, as well as students who fail for reasons other than knowledge deficiencies. Her examples include students with failure in synthesis of knowledge and students with non-knowledge based failures. It is difficult to determine if there will be more or fewer failures. Dr. Minenko notes that the whole purpose is to identify the inability to synthesize knowledge at an earlier stage and failures will also relate to lack of professionalism. Dr. Sharon Allen reported that the OSCE wasn't changed from last year to this year and they did not see much difference in the stations failed over the 2-year period. Dr. Niewoehner noted they had questions where disciplines were combined and that didn't seem to make a difference, nor could they identify any major components that students consistently fail (pharmacy, pathology, or pathophysiology).

Dr. Katz noted that exam questions all evolve over time and improve how well they assess knowledge. He also noted that evaluating a new program this soon isn't productive. Dr. Perkowski reported that often when changing to a criterion referenced system, failures do go up temporarily; because of the quality of learners involved will pass because it is a self-adjusting system. She also noted that it isn't the policy, it occurs with the exams and what the students aspire to do. Chair, Dr. Wes Miller noted that when failures go down the concern is whether important components are being missed. Dr. Perkowski added that the premise within criterion reference is the individual is judging their performance against themselves not against their peers, which ultimately leads to a self-adjusting system.

All final course grades in Year 1 and 2 will either be Pass, or No Pass or Honors; this will be new for the TC campus. It will be a more compressed system for Duluth. Final course grades will be set at Pass (no lower than 70% for all cumulative points available); final course grades will be criterion referenced. Up to 66% of the P/F decision for the course may be comprised of the score from the final exam; all courses are required to have an exam that includes content representative of the entire course. In order to pass students must accumulate 70% or more of the cumulative points available as well as pass the final exam at 70% or higher. Each course will determine honors for that course using criteria representing the work for that course.

Much discussion took place with ESC members around the concern that by adding Honors in the TC Program is this potentially creating a more competitive environment. Previously there have been conscientious efforts to avoid these circumstances around grading by using a P/F system. The counterbalance has meant there has not been the opportunity to recognize students in one course and to be transparent about the process. For Duluth it shifts from a normative curve based system to very specific criterion for both P/S and Honors (see Policy description). The reason for the Policy is standard grading policy across the first two years is important to provide continuity and understanding of the learning. A pass/no-pass/honors grade provides information on mastery of content by each student and is not a comparison of other in their class. Within the new grade policy the process aligns with the COSSS and SSC Policies that actions for a no pass grade will be determined by their process. In conjunction with the COSSS and SSC Policy the Exam Retake Policy has been redacted.

With regard to past practice, exams questions have been written to assist students to do their best; therefore the mean is very high. How can exam questions be written to avoid a scenario where perhaps 80% of students will receive honors? Does it matter if honors are given to a large number, or how can course directors work to spread out student achievement? The sense among faculty and course directors is there will be an identifiable difference between the mean and mastery of all course content at 95% or higher. Associate Dean, Patti Mulcahy noted confusion with language in regard to use of the word "grade" in passing both the course and the course exam. It was determined the language should read as follows; "in order to pass a student needs 70% of cumulative course points and 70% on the final exam". Student representative, Jordan Kreuser, MS-2 pointed out that for a large percentage of the class; there was the feeling that honors could only be achieved by

reaching the very top level of points. A number of students may have decided it wasn't worth it to strive for honors. Mr. Kreuser asked if there had been consideration for having a lower bar set for honors, allowing 20 or 30% of the class to achieve honors. Dr. Brooks shared that the use of "criterion" indicates that there isn't a set percentage. There is a specific set of criteria that may involve other aspects or determinants for honors. It's recognition for students who achieve a truly outstanding performance. The course director will set the criterion to determine. All passing is not equal; this provides a way to recognize someone who is passing at a high level of achievement as opposed to an individual at or near the passing level. Dr. Hoffman noted that depending on how a course structures honors it's possible that zero or even 100% of students in a course could achieve honors. This Policy makes it possible for students who excel in a course to be recognized on their transcript. Will there be any roll-up of honors achievement, depending on the number of courses in which an individual achieves honors? Dr. Watson noted that currently, Duluth students transcripts reflect "O" for outstanding and TC students do not. For students completing years one and two on the TC campus, any who achieve honors overall or in individual courses, the MSPE reflects the information. The two practices are not comparable and this change will help to resolve the differences. There will be reporting overall honors and an explanation in the change in "honors" designation. Dr. Hoffman authored the Policy change and supports its implementation; Dr. Katz noted that greatest reason for the new Policy is to establish the same grade Policy for both campuses. This Policy provided for a compromise for both campuses to be able to achieve comparability across grading for all Year 1 and Year 2 courses across both campuses. This Policy meets the LCME Standard for demonstrating comparability standards for promoting students on both campuses. This will not change the current practice for achieving overall honors. Another change that will occur with the new policy is that if a student pass the course and fails the exam, the individual will not be given an incomplete with the opportunity to retake the final exam until they pass. Dr. Repesh will recommend that the SSC Policy in Duluth be adjusted to also require that one failure of a course on that campus will generate review by their SSC.

Upon a motion duly made and seconded the members voted to accept the proposed revision to the Year 1 and 2 Grade Policy and the Year 1 and 2 Exam Policy; EC members voted and the policy was approved.

*Next Education Council Meeting – May 17, 2011*