

Education Council (EC) Meeting Minutes

December 20, 2011

Members present: S Allen, L Anderson, J Andrews, M Baird, J Beattie, K Brooks, B Clarke, J Valesano, R Cormier, T Ebner, H Grothe, C Hegarty, M Hillard, G Jacobs, A Johns, S Katz, T Killeen, B Marsh, W Miller, A Minenko, P Mulcahy, C Niewoehner, J Nixon, D Power, A Severson, L Stroup, T Thompson, K Watson, P White, M Woods Guest: K Hemesath

Members absent: M Becker, B Brandt, J Clinton, K Crossley, L Ling, M LuBrandt, J Metzger, J Miller, C Patow, L Repesh, T Stillman,

Minutes

November 15, 2011 Minutes were approved, no additions or changes were made.

LCME

Dr. Kathleen Watson reported that the LCME Self Study Database, Appendixes; paper and electronic versions will be mailed today (December 20, 2011) to the five members of the LCME Site Visit Team scheduled to be here in March, 2012. The Team members come from medical schools with more than one campus. One has a strong interest in Native American Healthcare, and they have a good understanding of academics and healthcare. This is the conclusion of the Self Study phase and beginning in January information for Agenda, timing of meetings and other aspects for the Site Visit will be communicated to faculty and other stakeholders.

For Council members, Patti Mulcahy provided general information for the next steps, which include:

- meeting with the groups who met with the Mock Site Visit Team
- sessions confirm their awareness of content in LCME Database
- they understand how it looks and how information is organized
- talking points are being prepared
- course committees members will work with staff to identify information related the role of SFC, CEC, and CUMED
- EC members request reminders of the “concerns” (identified through work on the Database)
- EC Chair, Miller pointed out that answers to the questions are important and also knowing what action is next (3 months) to improve areas of concern
- what role does the Education Council serve; oversight only or some other level of basic ground work
- see documents identifying areas of deficiency and corrections made to processes and policy
- immediately import now to March; implement and demonstrate what was stated as policy and process as being accomplished, i.e. Yr 1-4 mid-course feedback and compliance with non-cognitive narrative feedback
- UMMS practicing many of these requirements but documentation is required

We are vulnerable in these areas and EC members need to be part of making the implementation successful.

Faculty need to understand that this is their LCME reaccreditation as well. Faculty need to address what they can help to accomplish; i.e. mid-course feedback and on-time grade submission are examples of the importance of their role. EC Chair, Dr. Miller asked to have the “action” items and where an how progress has been made, circulated to faculty in the near future. Dr. Watson these have been shared and will be made available again.

Black Bag Demonstration

The technology team is working on the implementation of Black Bag, a curriculum management system (CMS) and has made great progress. Black Bag will be demonstrated in it’s Duluth configuration to the SFC and CEC groups in January and to the Education Council at the January meeting. Some functions available in Black Bag that are not found in Moodle, include the following:

- retains archival material beyond 2 years
- searchable by full text

- maps the curriculum objectives
- includes those objectives as an integral part of course materials
- has a calendar which links to the course materials
- course and course asset size is not an issue
- have a voice in design of system
- extend to modules for tracking and comprehensive grade book
- one stop access point via calendar
- import assessment items and can provide analysis of student outcomes by item
- access to the data
- user friendly for faculty and students (Duluth MS very positive)

Black Bag moves us from the concept of a course management system to a learning management system. The TC campus is converting from Moodle to 1.9 and 2.0 and a conversion would have to be made at that time. The Medical School has decided to move to Black Bag. Recently twin cities faculty expressed the need to know more about all courses in order to accomplish both vertical and horizontal integration. Black Bag allows all course directors to search any course (Duluth and TC) to see where integration exists and where gaps and redundancies occur. Dr. Johns noted that LCME is not the only reason for implementing Black Bag, but it will be an example for LCME to understand the commitment at UMMS to accomplish integration. Matt Coleman developed the learning management system and will attend the January EC meeting to respond to questions and concerns members and faculty have about Black Bag.

Plans are to implement Black Bag fully at the beginning of the 2012-13 academic year, with clerkship implementation in May, 2012. Patti Mulcahy added that a test run of importing data from Moodle to Black Bag, went very well, this indicates that existing materials in Moodle will transfer to the Black Bag format. Once course and clerkship directors view the demonstration and have a chance to ask questions, course coordinators will be set to meet to learn how it will be applied to courses they support. Follow-up questions, concerns and suggestions from Council members:

- suggested the demonstration be ready for viewing by the Site Visit Team
- unclear about what role the clerkship directors will play, short term and long term
- comparison of Moodle as a broadly used product with a depth of support across many users and providers and it works
- comparison also addressed Black Bag as having one programmer, one developer
- concerns for level of technical support and web service
- what support will the Black Bag server receive
- what level of ability is there for self assessment
- the size of the classes on the TC campus as compared to the Duluth enrollment
- some course directors heard the estimated date for Year 3 and 4, is a year out
- Admissions reported having used Black Bag for over a year

Dr. Kathleen Watson noted there would be a need to make many changes once the new version of Moodle is installed by OIT in August, 2012. In response to concerns expressed by Council members, she gave a brief recap of Black Bag functions:

- It's known it can deliver
- Is fully operational
- responsive
- 6 years worth of courses data will be available (Moodle allows only 2)
- 1000 student for TC to cover all 4 years of active student data
- 24 hour server
- routine backups will be carried
- high level system
- Duluth OIT – provides server management

Dr. Johns' experience with Black Bag is that the functions far exceed those of Moodle. The TC Medical Education technology staff meet weekly with Duluth technology staff and Matt Coleman to work together to expand the support for Black Bag on the TC campus. Also it's written in a well known standard programming language. Changes to the program can occur in a short turn-around time (a day or two) as compared with support for other systems which go through many layers to get accomplished. The testing module is being used for all courses for weekly quizzes and all exams on the Duluth Campus. All of Year 3 and 4 have been downloaded to Black Bag, some adjustments have been made but there has been no difficulty in operating with the volume of data with Black Bag. Dr. Miller reminded Council member that there will be a Black Bag demonstration in January with Matt Coleman and Dr. Alan Johns present to answer questions.

Update – Medical Education Searches

Dr. Majka Woods, has been named to the position of Assistant Dean of Assessment, Curriculum and Evaluation in Medical Education. She noted Dr. Woods has been with Medical Education for 5 years and has been doing much of the job since August, 2011. Dr. Woods has a broad national involvement and extensive experience in medical education.

The new Assistant Dean for Scientific Foundations Curriculum has been finalized. Dr. Jeff Chipman, from the Department of Surgery has been selected. This is a 25% time position, Dr. Chipman has a great deal of experience in medical education; he personally instigated the graduate medical education program in SimPortal for the surgical program. He has published widely related to this new method of educating residents.

New director of the Bequest Program, Angie McCarther has accepted the position directing this very busy program. It is used by UME, GME and CME, and research ethics. It has a great deal of impact on students and the Medical School as a whole.

The search for the Director of Student Resources and Support has almost concluded. There were 38 candidates, 6 were interviewed, references are being checked and there will be a decided soon.

Dr. Sophie Gladding, Director of Evaluation is a Ph.D. educator, currently in the Departments of Medicine and Pediatrics. She is working 1 day a week in Medical Education, which began on September 1st. She has gathered much of the data for the ED Standards for the LCME Self Study and course evaluations. Her expertise is in medical education program evaluation.

Dr. Mac Baird, Chair of the Vice Dean for Medical Education Search Committee noted they have been given their charge by the Dean. They have met and have begun to collect names. They will meet again in January to officially launch and should be fully active by mid-January.

Discussion

National Residency Match Program (NRMP) – Changes for 2012

Dr. Kathleen Watson reported there are 3 phases of change taking place that will have an affect on UMMS graduates' residency results. The three areas include; what changes are taking place in the Match overall, what is UMMS doing to prepare students for changes in the Match and what changes will take place for the 2012 Match week process.

The latest data on the NRMP website, includes an additional 500 graduates (includes MD, DO, US Carribean), making it possible that the number of unmatched US seniors will exceed the number of available positions. Indicators from NRMP show that overall seniors who applied from US schools, matched at about 94% in their preferred specialties. In looking at the overall match, areas that are harder to match with are plastic surgery, orthopedic surgery, and dermatology.

With regard to risk factors for not matching, the data shown is based on a survey of Student Affairs Deans around the US, done after the 2010 Match. Survey questions asked for their understanding of why students didn't match. Results indicate the following reasons:

1. students not competitive enough for the chosen specialty (i.e. low USMLE scores and low performance indicators in clerkships)
2. students rank only highly competitive specialties
3. poor interviewing skills (abrasive or personality traits inappropriate for specialty). Included were questions regarding professionalism and/or poor letters of recommendation.
4. too few applications overall, to competitive residency programs (example for successful urological surgery Match, averaged applying to 16 programs, unsuccessful ranked average of 6 programs)

Student Affairs has implemented steps to assist students with risk areas identified by the survey and through our own assessment. At a retreat of TC and Duluth faculty advisors discussed ways to assist mid-second year medical students for their scheduling of Yr-3 and Yr-4. The aim is to assist students in achieving a successful match result at graduation. They reviewed data and developed potential scenarios to establish best practices in advising students. Huge efforts have been spent to develop the Student Affairs-Student Learning process called Careers in Medicine. For example, AAMC offers many tools for MS 1-4 through and all have been validated as related to careers in specific areas of medicine. Additional steps for preparing students for success:

- students have a number of 1:1 sessions with advisors
- Duluth has more sessions because they include advisement and teaching sessions with advisors
- future plans are to bring the 1:1 sessions into Yr-3
- faculty advisors meet 1:1 with Yr-4 student to review academic progress, career plans
- Yr-4, 1:1 sessions use Match risk factors (previously discussed) to review issues students may have
- advisement process leads to developing a Plan B for each student for their rankings and Match goals
- bring in specialty specific clinical mentors to guide students in regard to particular specialties.
- goal is to formalize as many aids as possible to minimize number of students who don't Match

Changes in 2013 will include the "all in" policy, which requires all programs to include all of their core residencies positions in the Match for equivalent Matching. The goal on this is to bring into the open all of those positions that may have been held for someone specific. The number of preliminary positions should rise, also possibly the categorical positions. It is unclear how this will work, but it will mean complete transparency in the Match for positions. This policy limits the ability to offer someone a position outside the Match. All other possible offerings have been eliminated.

The concern raised at the NRMP is that there are increasing graduates and a stable or decreased number of positions. The "all in" policy is an approach to making the Match a better process. The scramble week will no longer exist, replaced by the "supplemental offer and acceptance program (SOAP)". It isn't another Match, but ONLY students that are certified to graduate by the Medical School by the Friday before the Match and who do not Match can use SOAP. No one else will be eligible, this reduces the number of students who will be scrambling, This excludes foreign medical school graduates. Only DO and allopathic US graduates will be eligible for the SOAP. Below find a general schedule of Match week events:

- UMMS is required to notify students they are certified on the Friday before (March 9th).
- 3/12/12 at 10:30 (while the LCME Site Visit is in progress) all US medical schools will receive unmatched student reports
- 11:00 the students will find out they didn't Match
- 11:00 the Programs notified if they not filled, unfilled positions will be posted to website.
- 12:00 the applicants can begin submitting applications to open programs - Plan B (30 applications).
- 1:00 ERAS begins resubmitting applications including new sites with unfilled positions.
- 3/13: is communications day- (difference) there will be no direct contact to a program (as in the past) before the program gives permission
- 3/14

- 1:00 on Wednesday-Faculty advisors accessible for students involved in SOAP for help with the process The
- 3/16 UMMS Match event is on Friday (7th round takes place later in the day on Friday)
- 4:00 on Friday, 3/16 return to “scramble”, all remaining US graduates and foreign graduates will participate to find an open position
- logistics will happen off-site of the Medical School because of the LCME Site Visit which will be in progress

At this point foreign grads outnumber the US grads by 10:1; and often include outstanding graduates that may be from countries that have no GME programs. In 2013 they will not be taken at all except through the Match. Program directors who hold positions for US graduates, in the future will have to take any exceptional foreign grads they know exist through the Match along with their choices for US graduates. For our Resident Programs, sessions with specific information for how changes will affect UMMS, will be held in January and February. Dr. Watson gave assurances that students will be the priority for faculty advisors.

For the number of UMMS students who have participated in the “scramble” in the past, we are slightly above the national average at about 94.6% Matching in the first round, with the national average at 94%, our percentages have been stable. Our students are very aware and are prepared with a plan B. Programs as a whole are receiving many more applications than in the past. This may seem to be a good indicator, but each graduating MS may be placing more applications to more programs. An added concern is with so many more applicants, programs cannot interview all who appear to be well qualified on paper.

Council members expressed concerns for the following:

- does this change how program directors view foreign grads
- will they put the foreign grads ahead of lesser qualified US grads
- will foreign grads get selected first. because they cannot be found in the scramble
- will US grads have fewer programs where they are selected to interview
- will they have to apply to more programs

At this time, if students are not getting more than 3 or 4 interviews, they need to contact Student Affairs for guidance. Additional interviewing workshops are being made available for students. Letters of recommendation are being more closely reviewed and the MSPEs are getting more attention from advisors. A more intense review, for those with risk, began in May of 2011, including more 1:1 advisement. Students who have failed Step I and/or a clerkship are at a higher risk of not Matching. All 230 students are interviewed for their MSPE and if there are concerns in that setting it has led to individuals getting added guidance.

Next Education Council Meeting – January 17, 2012