

**Education Council (EC) Meeting Minutes**  
**June 19, 2012**

<b>EC members present:</b>	J Nixon	J Chipman
S Allen	D Power	J Clinton
J Andrews	C Sautter	K Crossley
T Baultripp	A Severson	C Hegarty
J Beattie	T Stillman	G Jacobs
K Brooks	T Thompson	T Killeen
R Cormier	K Watson	B Marsh
T Ebner	M Woods	J Metzger
J Eck		J Miller
A Johns	GUEST: C Campbell-COSSS	W Miller
S Katz		C Patow
J Kreuser	<b>EC members not attending:</b>	L Repesh
A Minenko	M Baird	G Trachte
P Mulcahy	B Brandt	J Valesano
C Niewoehner	L Carson	

<b>June 19, 2012</b>	<b>Date of Action</b>	<b>Final</b>
<p><b>Information &amp; Updates</b></p> <p><b>LCME Report</b></p> <p>During the review period which allows for factual errors to be corrected (by the School) the LCME Steering group went through the document received from the Site Visit Chair. Information communicated from the Site Visit Team to LCME board had one variation from the information Dean Friedman received during the exit meeting. There were some affiliation agreements that didn't specifically state what a student should do if exposure to blood borne pathogen incident occurs. UMMS has established several means for quick reference (cards, web site, etc.) for students to know what steps to take, but the review found several affiliation agreements without those steps identified.</p> <p>There were a few very minor technical and/or wording changes that were made by our LCME Steering group. The tone and factual representation of the report were done in a very fair manner. All information but the one exception was conveyed to the Dean at the exit interview. Dr. Watson reported we are still waiting for the final decision by the LCME review board.</p> <p><b>Black Bag Update</b></p> <ul style="list-style-type: none"> <li>• all Year 1 and 2 course directors currently going through a first set of training to get basic understanding of system &amp; overview of course operation within Black Bag</li> <li>• additional faculty have had 1:1 sessions with Mark Hilliard</li> <li>• Course managers are all currently in training and will be able to take course related information and data and entered into the system.</li> <li>• All Medical Education staff have been given preview system</li> <li>• Matt Coleman, the developer in Duluth continues to make changes, adapt system to fit TC needs</li> </ul>		

<ul style="list-style-type: none"> <li>• Black Bag will be ready for implementation for Fall 2012-13 AY</li> </ul> <p>As course directors for Fall courses submit course information, course managers are entering it into Black Bag. As course preparation continues, course directors with questions or problems are to contact Dr. Wood or Brad Clarke to provide information for follow-up with course managers and the developer to make adjustments.</p> <p>Black Bag will allow for greater understanding of the curriculum in a more comprehensive manner. Med ED staff recently visited Duluth and were able to see the progress being made in the system. Dr. Alan Johns reported that components are being added every day. Development has been on-going and is related to differences in how courses are managed for the Twin Cities. The system isn't new, Duluth has been using it for 2-3 years, and current development is designed to adapt it to TC criteria.</p>		
<p><b>Transitions</b></p> <p>Changes in Education Council membership takes place at the end of June for the new AY, Drs. Minenko and Killeen have completed their 3-year term. They have contributed a great deal and their work has been an important addition to the EC role at the University of Minnesota to Med Educ. This is especially true in the development of the Human Disease-2 course by Dr. Menko and their participation through the LCME process. Drs. Schimmenti and Vercellotti will begin their 3-year term in August.</p>		
<p><b>Program Annual Summary Reports</b></p> <p>Committee on Student Scholastic Standing</p> <p>Dr. Collin Campbell referenced the report see attachment of actions taken over the past AY of 2011-12, noting there were an average number of issues. He commended the Committee members for their dedication and hard work.</p> <ul style="list-style-type: none"> <li>• COSSS challenges continue to be making hard decisions when a student has to be dismissed.</li> <li>• The challenge of how to deal with students who commit violations that are not strictly academic in nature, options are probation and dismissal but nothing in between</li> <li>• occasions occur when another option would be more appropriate</li> <li>• goal isn't punishment, but to expose students to models of good behavior</li> <li>• and to help them progress toward a meaningful way to resolve concerns</li> </ul> <p>Violations of the honor code, professionalism; are broadly characterized as misbehavior. The professionalism issues are critical and not easily resolved, Making it important to develop methods to address them because the issues continue and become problems at the next level.</p> <ul style="list-style-type: none"> <li>• a possible option is community service as a requirement and means to resolve negative behaviors</li> <li>• meant to show students there are consequences for actions</li> <li>• provide modeling for appropriate behavior</li> <li>• help students to reconcile bad behavior.</li> </ul> <p>Currently, a case of cheating on an exam brought the issue to the Peer Review Committee then referred to COSSS, the following include the consequences</p> <ul style="list-style-type: none"> <li>• failure and retake of entire course</li> <li>• meet with Dr. Song to discuss professionalism</li> <li>• on an on-going basis meet with faculty advisor to reflect on what cheating does and what it means</li> <li>• present to COSSS, faculty advisor group and new year-1 students their written document reflecting on cheating</li> </ul> <p style="text-align: right;">(discussion continued in detailed notes)</p>		

	<b>Date of Action</b>	<b>Final</b>
<p>Scholastic Standing Committee - Duluth</p> <p>Dr. Alan Johns reported increased failures under the 70% grading requirement. A large number were remediated and these students will be tracked as they progress to Step I and board exams. He pointed out there were 10 year-2 students who failed, which is a large increase. The Year 2 students did perform with much higher scores when they took the CBSE at the end of their 2<sup>nd</sup> year. The COSSS report should be revised to reflect that there were 4 Duluth students who failed their first attempt at Step 1. Duluth students passed Step 1 at 94% overall.</p> <p>Adding a Duluth representative to COSSS, as part of increased communication for Duluth student progress, once they matriculate on the TC campus. <u>A motion was duly made and seconded to recommend a faculty representative from Duluth be included in the COSSS membership with the purpose of participating in COSSS discussions and deliberations.</u> It would add an opportunity for more in-depth background information for students who matriculated in Duluth for Year 1 and Year 2 courses and who will appear before COSSS with regard to academic progress and/or issue while matriculated on the TC campus. Dr. Johns noted this level of communication would be especially advantageous because beginning the Duluth Faculty Advisors will continue to be assigned to Duluth students through years 3 and 4. <u>This motion was tabled for the purpose of consultation with the Chairs of the COSSS and SSC. The topic will be brought back for discussion at the October Education Council meeting.</u></p>	will be discussed at 10/16 EC mtg	No
<p>Dr. Powell spoke about an AAMC nationally organized pilot currently being considered (under her leadership) as piloting of a competency based curriculum which would begin in medical school and continue on through residency. The pilot is sponsored by AAMC, ACGME and the American Board of Pediatrics. It promotes the concept for students to progress based upon the achievement of milestones or competencies rather than having students progress by spending time in-grade. A student might move through medical school in three years or in six years. It will be based upon when they reach the prescribed milestones and when they meet the graduation requirements of the school. It is designed to pilot the use of the assessments to measure competence. Students enter this pathway as 2<sup>nd</sup> year medical students and they leave this pathway when they are ready to sit for the General Pediatric Board Exam.</p> <p>Specific concerns discussed are:</p> <ul style="list-style-type: none"> <li>• level of development required</li> <li>• reserved residency slot</li> <li>• reduced tuition</li> <li>• plan for re-entry to degree if they opt out</li> <li>• impact on the larger group</li> </ul> <p>A full discussion for how to fit the Pilot into the current curriculum(s) and other unique specialties that exist within the UMMS curriculum (i.e. RPAP).</p> <p>A motion was made and duly seconded to move forward with charge agreed upon at the April 17, 2012 EC meeting.</p> <p style="text-align: right;">(discussion continued in detailed notes)</p> <p><b><u>Next Education Council Meeting – August 21, 2012</u></b></p>		