

*Education Council (EC) Meeting Minutes
September 18, 2012*

EC members present:	C Niewoehner	J Clinton
L Anderson	J Peterson	K Crossley
S Allen	D Power	T Ebner
J Andrews	Mark Rosenberg	J Eck
M Baird	C Sautter	G Jacobs
T Baultripp	L Schimmenti	K Johnson
J Beattie	A Severson	B Marsh
Z Beatty	T Thompson	J Metzger
K Brooks	G Vercellotti	J Miller
J Chipman	K Watson	J Nixon
R Cormier	M Woods	C Patow
C Hegarty	EC members not attending:	T Stillman
A Johns	B Brandt	G Trachte
S Katz	L Carson	J Valesano
W Miller	B Clarke	

August 21, 2012 Minutes were approved with not additions, corrections or changes		yes
Information & Updates <u>Black Bag Update</u> Dr. Majka Woods reported that the Black Bag learning management system has been implemented on the TC campus. Year 1 and 2 courses are up and running in the System, as was expected not all components are operational and faculty have been kept up-to-date with regard to those specifics. Students have expressed being happy with their experiences, faculty are still experiencing growing pains. <ul style="list-style-type: none"> • there are a good number of people on the ground helping to work through problem areas • ECM is the clinical test case, the system is being built outward slowly and some of the components will be built for Yr 3 and 4, • Black Bag for Yr 3-4 is estimated to be implemented for AY 2013-14 • Yr 3-4 competencies and objectives are being entered; these are core requirements • work to determination over the next 2 years whether more competencies and/or objectives are needed • should basic sciences should delineated within the clerkships • specifics need to be worked out before details are known • some aspects will be disease process and some will be the process of care Dr. Watson reported that since working to develop Black Bag for LCME, Med Ed staff working closest with the system have learned a lot. Other areas involved include: <ul style="list-style-type: none"> • improved student interface means Year 1-2 -students have a better experience as compared with past practice • for the faculty point of view there are problems, but very few if any are as bad as with Moodle 		on-going

<ul style="list-style-type: none"> • current focus is to make improvements for students and faculty • another priority is see what components exist to address integration (deepest level of session objects aren't there yet) • differences between teaching in the clerkships and in preparation for the Boards and as compared to Yr 1-2 (BB calendar interface) needs adaptation. <p>Over the next few years changes to the clerkships, use of Black Bag for questions of integration and other areas will need to be prioritized and will involve EC members.</p>		
<p>ESC Updates <u>Grading Policy</u></p> <p>Dr. Kathleen Brooks noted that the ESC has held two meetings where the grading policy has been reviewed. Because their meeting timetable is different from the EC, their plan is to present to this group at the October 16th meeting.</p> <p>At their next meeting ESC members will begin to look at some components of the State of the Curriculum Report, which will be presented to the Council at a future meeting. Their review will look at how it was framed and at various components of the Report.</p>	<p>Date of Action</p>	<p>Final</p> <p>No</p> <p>No</p>
<p>Annual Summary Reports for Admissions</p> <p>Duluth Campus- Dr. Alan Johns provided the 2012 entering class statistics:</p> <ul style="list-style-type: none"> • the number of MN residents in the applicant pool (approx. 424) an increase • class is split very closely at 50% between men and women • there are 8 American Indians (an increase from the average of 3-6) • 3/4 of the class are from hometowns of 20,000 or less (25% from towns of less than 2500) • average MCAT scores and GPA are stable with little change over time • average age at entry is 24, 6 students over 30 in this class over the age of 30 is an increase in non-traditional students • prerequisite Course Requirements are now the same for Duluth and the TC • 6 students with graduate degrees, this is higher than the average for a class <p>Dr. Dorscher has left the U of MN and has taken a position at the North Dakota School, a task force has been formed and is in the process of writing a job description. Currently in next year's applicant pool, there are 19 American Indians who have applied, with a number of them being interviewed in the early round.</p>		
<p>TC Campus- Theresa Baultrippe, Interim Director for Admissions, reported that the applicant pool does draw from Minnesota residents, but the bulk of applicants are non-residents. As part of the goal to increase diversity of TC matriculants there are 2 positions for international students; as well as other areas of non-traditional characteristics that are considered, i.e. UIM, first generation college students, etc.</p> <p>An aspect of the holistic review process the Admissions Committee looks at is what diversity an applicant brings to the class, extra experiences and MCAT scores are areas considered. This year's scheduling of early admit interviews is moving along more quickly with twice as many interviews completed at this time. The academic standing of the 2012 entering class is very strong. TC admissions applicants are viewed with the following qualities in mind;</p> <ul style="list-style-type: none"> • passion for service • commitment to medicine • academic potential • leadership qualities • great communication skills 	<p>Date of Action</p>	<p>Final</p>

<p>The above are considered and applied by the Committee members in the application review process and the interview process. Questions include the following:</p> <ol style="list-style-type: none"> 1. how many applicants and/or accepted individuals come through the Health Careers Center class -- Interim Director Baultrippe will follow-up to provide that information and to ask if that Office gets adequate support from Medical School departments and faculty. 2. Admissions partners with the Health Careers Center, referring students to them for information. 3. Each collegiate unit has academic advisors, specializing in different areas. She meets with advisors to provide updates on course prerequisites and new trends in medical education. 4. Admissions also partners with the Health Careers Center to do advisor training at schools across the State of MN <p>A new electronic admissions review process is in place (result of working with the developer in Duluth) and is working very well. Staff now front-load the high ability Minnesota applicants and UIM candidates to get them into the process more quickly. The goal is to have a better impact outcome at the end.</p> <p>Dr. Watson noted that international medical students do not qualify for financial aid which causes difficulty for them when admitted to and while attending medical school. She commended Ms Baultrippe on her success as Interim Director for the smooth transition to an operation which more efficiently reviews applications and more rapidly connects with applicants.</p>		
<p><u>MN Future Doctors</u> program is focused on under resourced undergraduates who are underrepresented in Minnesota, they have grown up in poverty and are from targeted communities (includes rural poverty, urban poverty; targeted groups include Black , Latino, American Indian, and Asian immigrants). Annually 50 college freshman working with them until matriculation into medical school. Most phase I students finish undergraduate education within 4.5 years (national average for underrepresented students is 5.2 yr).</p> <p>Dr. Miller noted that it appears there are more students coming to UMMS, an improvement from when the program first began. Dr. Peterson reported that African American students especially who have wanted to come to this School but were offered full scholarships at other schools, 18 of them have gone to other medical schools. She feels the program is doing the right thing for students who are being offered full tuition from Harvard, Yale or Cornell, but it isn't the right thing for UMMS the originator of the program. There are different perspectives in that physicians feel they may return to Minnesota for their residencies or they may return to practice in Minnesota. Dr. Peterson isn't certain the program is meeting the need to diversify the experience of UMMS students. The reason they are not here is because there has often been a full cash package of as much as \$200,000 offered elsewhere. Our institution isn't competing financially.</p> <p>Dr. Watson noted the following:</p> <ul style="list-style-type: none"> • outcomes of MFD are better than any program in the country • it has met and exceeded every measure of outcome 	<p>Date of Action</p>	<p>Final</p> <p>No</p>

<ul style="list-style-type: none"> • students are happy • UMMS is gaining diverse students • we are losing many of them due to high tuition • we cannot offer more financial support <p>EC members asked what element is missing, it was suggested more education and information to provide MMF with a clearer understanding of what the Program accomplishing. It was also suggested that the MFD Program be part of the University's presentation to the Legislature to underscore the value of diversity and how funding is affecting under represented individuals from becoming part of medicine and patient care in Minnesota</p>		
<p><u>Minority Affairs</u> Dr. Mary Tate spoke about areas of diversity and how to increase the level for UMMS. A survey questionnaire of multicultural students who have been accepted at the UMMS asks them why they've decided not to matriculate here. There is an increase in UIM students but not at the level desired and not adequately for LCME purposes. Student representatives from UMMS have served at the regional and national level of the SNMA. A former SNMA Year 2 student received the SNMA 2012 Member of the Year Award (annually only 1 is given out). This is an indication of the presence our UIM students achieve at a National level. New physicians and graduates of UMMS feel strongly about the education they received and have pride in the School, which is important to our recruiting efforts toward the goal to diversify UMMS classes and physicians serving Minnesota. Students consider the University's Office of Minority Affairs is student centered and welcoming to students who attend. Diversity is well represented in the Admissions process and UMMS students and faculty are noted for their receptive nature toward diverse communities. The Pipeline programs, scholarship and the University's Presidential support are also a strength.</p> <p><u>Things that would aid in developing a more diverse program are additional scholarship dollars, a more diverse faculty and staff, and greater financial aid funding. Implementing the AAMC holistic review process throughout the UMMS system and by setting goals to achieve leadership at the national level focusing on diversity.</u></p> <p>Will there be ramifications based on the Texas case being heard by the Supreme Court? Based on the discussion during the Holistic Review session because of adherence to the School's Mission Statement and the goals to include a diverse community we are practicing within the guidelines for legality of medical school admissions.</p>	<p>Date of Action</p>	<p>Final</p> <p>No</p>
<p><u>AAMC Holistic Review</u> Will there be ramifications based on the Texas case being heard by the Supreme Court? <u>Based on the discussion during the Holistic Review session because of adherence to the School's Mission Statement and the goals to include a diverse community we are practicing within the guidelines for legality of medical school admissions.</u></p>		
<p align="center"><u>Next Education Council Meeting – October 17, 2012</u></p>		

