Education Council (EC) Meeting Minutes
November 19, 2013

EC members present:	M Nelson	**EC members not attending:**
T Baultrippe	D Patel	J Andrews
J Beattie	D Power	B Brandt
K Brooks	M Rosenberg	L Carson
J Chipman	E Scanlon	J Clinton
R Cormier	L Schimmenti	K Crossley
Z Crise-Patil	A Severson	G Jacobs
J Eck	G Trachte	J Metzger
C Hegarty	S van den Hoogenhof	J Miller
A Johns	K Watson	J Nixon
S Katz	A Weiers	J Pacala
B Marsh	A Wojciechowski	C Sauter
W Miller	M Woods	T Stillman
R Michaels	Y Shimizu	G Vercellotti
S Morean	B Yueh	

Education Council Minutes, November 19, 2013	**Action Date**	**Action**
Minutes September 17, 2013 Minutes were approved with no changes or additions **Information** Dr. Deborah Powell received the Abraham Flexner Award for Distinguished Service to Medical Education presented by the American Association of Medical Colleges (AAMC). The Education Council recognizes Dr. Powell's achievement at the national level and her contributions to medical education at our Medical School. Dr. Wes Miller updated the Council with of new members for the 2013-14 academic years. Newly elected Medical Student Council members are Zach Crise-Patil -MS1 and Mark Nelson-MS2, Dr. Erin Scanlon, Chief Resident, Dept of Medicine, who will serve as GMEC resident representative. LCME Dr. Kathleen Watson provided an update on progress to date on our responses to the citations that resulted from the 2012 LCME site visit. 1) We are out of compliance with MS-24 Student Indebtedness which grew last year, UMF/MMF funds did grow last year but not enough to impact at an acceptable level 2) MS-31 a. has been addressed with Learning Environment Rounds at all major affiliated clinical teaching sites in the Twin Cities, with the goal to complete the same evaluation of teaching sites in the Duluth area. 3) ED-30 we are non-compliant with late grades, after making great improvement, we are 95% compliant, but will be continue to non-compliant for very few remaining late grades. There are many reasons grades are late; primarily the system for identifying late grade reporting works very well for the 6 week clerkships. It was recently recognized that the system doesn't pick up the 4 week late grades. The notifications were not going out, although the clerkship administrators would know grades haven't been submitted.	11/19/13	Apprv'd

MS-31a. Actions to review our Learning Environment through clinical rounds has been very well received at the teaching sites, feedback indicates there is great appreciation for cooperation /collaboration that has taken place during the visits.		
Admissions, Duluth/TC, Pipeline Programs Dimple Patel, Associate Dean for Admissions, TC campus; applications admissions process, recruitment plan, scholarship, current and future pipeline programs, and information about approaches used at the University of Colorado School of Medicine. The goals for UMMS Admissions include selecting the highest qualified students for each entering class, enhance diversity of incoming classes and establish policy on Medical School admissions requirements. These have been long standing goals, developed before Associate Dean, Dimple Patel's tenure. Selection criteria includes strong academics, desire to improve the human condition, demonstration of professional conduct, outstanding personal skills and dedication to life-long learning. For each of the broad categories there are a variety of essential and desired characteristics. With goal to enroll a class with broad range of essential characteristics. National applications are growing; enrollment across the nation has grown to 20,000 students. UIM has been pretty stable over the last several years at about 9%. The MCAT mean and GPA for our entering classes has remained above the national average over the last 5 years. These are not the only 2 areas considered for admission; the School's use of a holistic approach to the process includes review of applicant essential and desired characteristics. There are 27 active Admissions Committee members; there are 2 positions vacant at this time, with efforts to fill them in the near future. Associate Dean, Dimple Patel provided a breakdown of Committee members' expertise and added that there are two medical students participating. Faculty Bylaws do allow 30 active members and new members are being sought. On average each member commits approximately seven hours per week for 40 weeks over a 10 month period. Having a larger committee would reduce the number of hours each person would have to commit. The admissions process takes in a number of steps beginning when the individual applies through MCAS and within this system they have the option to apply for Duluth or Twin Cities or both programs. TC campus steps include the following: After screening for completion of undergraduate degree • Applicants then receive supplemental applic. when complete-full screening occurs • 1st review is done by two Admissions Committee members • Each file gets 2 reviews and is required to have 2 yes responses for continuation. • if 1 yes and 1 no, a third reviewer votes to determine the next step in decision • yes applicants are invited for an interview Interviews include two 45 minute sessions with different interviewers, one of which will be a physician. Interviewer reports are added to the file and the entire file goes to members of the Committee. The second review includes 2 members of the Committee. Under this step the two Committee members review them separately and their recommendations go back to the full Committee for discussion. After all are reviews of an individual are complete, the Executive Committee finalizes the acceptance (or non-acceptance). The number of faculty interviewers has been doubled over the last six months and the goal to have every interviewee meet with a physician has been accomplished. There are 123 members in the interview pool. Theresa Baultrippe has recruited 21 faculty members to date to speak to candidates on interview day, a presentation and discussion segment lasts about 90 minutes. All interviews are done		

in the morning and include lunch and an opportunity to tour. Since arriving at UMMS a recruitment plan is an important addition that Dimple Patel has worked to develop and implement. Based on information collected from prior applicant pool data, they determined which are our biggest feeder schools. Visits to these schools are included in the plan, along with developing relationships with career advisors and faculty. In addition the recruitment will be broken down into 3 categories; local, regional and national. For local schools Dimple and Theresa continue to meet 1:1 with applicants and for student groups they conduct information sessions. They will visit as many School campuses as they can across Minnesota. There has been written communications with every Minnesota college and University, the top Midwestern feeder schools and several Schools nationally; to request an opportunity to visit the campuses. Partnering with Duluth include plans to participate in local/national events to attract/identify UIM applicants. Recruitment funds have fluctuated over the last few years; some pending information will follow at a later date. There is one full scholarship available at this time due to the work of Dr. Stewart Hanson, Co- Chair of Admissions who has been leading a group of his peers in trying to raise funds. One of his colleagues has donated the amount for one medical student's tuition. The contribution for first year students over the last few years is just under $5000 and the need based award is granted by financial aid at about $6000 per year. There is the ability to give 25 non-resident students tuition waivers, which has been done over the last several years and will continue. The goal is to recruit overall high ability UIM students. MN Future Doctors (MFD), has a new leader for the program, Simone Gbolo will start at the beginning of December. She comes from the College of Science and Engineering; her direct responsibility immediately upon starting is to conduct a program evaluation, maintain support to current participants and to work with them to determine what they need to matriculate to medical school. The co- curriculum of this program needs to be reorganized so it supports matriculation to medical school at the University of Minnesota. It's a priority to retain our own U of MN students that we are training toward matriculating to our program. Specific data collection is needed and a better tracking system is necessary. About 41% to date of applicants to this program have matriculated to the UMMS on either the Duluth campus or to the TC program. The greater percentage of these students have matriculated to other medical schools, excellent schools all across the country. The program started in 2007 and looking at this program as an outsider coming in the percentage of UMMS matriculants should be higher than even the 59% going to other schools. We want our Minnesota students staying in Minnesota and scholarship dollars should be directed to making this happen. The MFD program will lower the number of new students added per year, from 50/year to 10/year; with a major goal to matriculate them into UMMS. The Office of Minority Affairs and Diversity has two programs that support pre-medical students; the Empowering Seminar is an eight-week course that supports UIM students in preparing for the medical school application process. Also the SNMA works with a broader range of students focusing on UIM with students at different points in the pipeline by acting as mentors. The Ladder out of North Minneapolis is a pipeline program in operation and the goal is to develop a relationship with that program. It's a structured environment for service learning leadership development and progressive mentorship beginning work in fourth grade through twelfth grade. Our medical students are involved with leadership skills. The goal will be to work with students as they progress into higher grades and to attract them to UMMS. Plans for the MFD include transitioning it to a BA to MD program (7-8 yr.		

alternative). The goal is to attract 8-10 high ability UIM students each year; have them in a very structured academic curriculum and a co-curriculum with stated academic and non-academic criteria and milestones. There would be structured clinical, research and volunteer opportunities and after meeting all of the milestones there would be a guaranteed seat at the UMMS either the TC or Duluth campus. There are about 41 programs like this across the country at medical schools; both Dimple and Robin Michaels participated in the program at the University of Colorado. The idea is if this school wants to actively participate in this type of program the goal will be to have them matriculate to UMMS; initially keeping the program small and tight where they are guided through the undergraduate curriculum will help to draw them as matriculants. Dr. Wes Miller added that there have been early admit programs at UMMS in the past that haven't been successful. He asked how a program of this model remains non-controversial. This program would be directed toward working with UIM students in efforts to increase diversity, this is in response to the LCME standard to increase diversity and it's needed to improve UMMS' ability to provide physicians to meet the needs of the changing Minnesota population. Offering a student a seat in a medical school will mean they will not have to go through the stress and expense of applying to 14 medical schools (current average for applicants) is a good carrot. They are required to pass the MCAT and meet other applicant criteria. What works well is making sure to have a very strong relationship with the undergraduate institution. The message to these students at University of Colorado School of Medicine was that they were not just beginning their undergraduate work they are starting to prepare for their medical career. They will be closely tied to the Medical School with monthly sessions and interactions; they will be on the medical school campus, faculty from the medical school will meet with them as they progress through their undergraduate years to mentor them; the relationship building is really important. A question they've asked other institutions using this pipeline is, " What is the relationship between the undergraduate program and the medical school"; in some cases there isn't a connection but those with relationship building criteria as with Colorado where the tie between the 2 is concrete and not an afterthought; have good results. The carrot is the seat at the medical school and doesn't include a financial incentive at this time. The University of Colorado School of Medicine in 2010, was awarded $10,000,000; $2,000,000 per year for 5 years. This was a result of an LCME site visit. The post-BA program is used to enroll UMI medical school applicants who are unsuccessful in being admitted and who need basic courses to prepare them for medical school. At University of Colorado School of Medicine Ms. Patel worked to introduce recruitment of perspective students and to also concentrate on accepted students. Her plan addresses the fact that accepted applicants have choices and it's important to show them a high level of appreciation for selecting UMMS, to make sure we remain a competitive choice for them. In their Colorado plan they engaged faculty and community leaders. Initially the University and the medical school were very much separated from the Denver minority community and leadership, particularly UIM groups. Through an LCME citation came the Office of Diversity and Inclusion with the responsibility to specifically build relationships with leaders in different minority communities. A more transparent applicant review was created; historically the idea was that Medical School only took students from the University of Colorado, Boulder. The first step was to build relationships with every college and University in the State; making numerous road trips to schools to meet faculty and advisors to let them know their students were important to the medical school and that they were competitive. Giving guidance to career counselors through course specific road maps for students		

to follow to be competitive was also key. The source of the scholarship funds was a $10,000,000 commitment from the University president. In 2009 the entering class was at 8% of diversity, and every year after that there was gradual increase in diversity. Specifically in 2012, approximately 50% of UIM medical students did not have scholarship funding. Ms. Patel feels a good part of the reason for those UIM students selecting the University of Colorado Medical School was the strong recruitment program that she and Dr. Michaels had helped to implement. The level of diversity is partially a funding issue but it is also a focused and concerted effort through recruitment. There is one more year left in the initial five-year University of Colorado leadership contribution and there is an expectation that there will be additional monies dedicated to continue scholarships funding for UIM students. The scholarship funding was at $60,000 for residents and $120,000 for nonresidents, over four years. There is support from EC members to seek more scholarship dollars as part of the effort to increase diversity; discussion focused on other possible sources of funding beyond dollars through MMF. Suggestions included a very focused effort by the "University" leadership to promote a campaign specifically for the Medical School. Robin Michaels, Associate Dean for Admissions in Duluth; noted the importance of the public believing that the institution is really committed to increasing diversity was a key ingredient. There were local people who were willing to give money but the University did not communicate to the community that it was dedicated to increasing diversity. Dr. Kathleen Watson referred to a similar LCME citation received by UMMS and that the School has not improved the scholarship/ funding or diversity circumstances. She noted the citation may be strengthened after the LCME reviews the letter which has been submitted (as required) in the eighteen-month follow-up review of the UMMS 2012 LCME Self Study and Site Visit. Community relationships were absolutely key in getting the funding established in Colorado; it was the University's commitment to the Medical School through the actions individuals were taking to find donors and the communities responded to the intense work. There were people from the community who were new members of the Admissions Committee and that were a good link between the School and the community. Dr. Wes Miller agreed with the importance of a commitment by the President of the University as key to establishing a campaign to raise scholarship dollars and direction from the President to MMF to make the campaign a priority may be a key on this campus. There have been recent increases in tuition at UMMS; students do retain the same tuition fee rate they paid when they entered the Medical School. There is consideration that over time if this LCME Standard isn't resolved satisfactorily, probation may be a possibility. Dr. Woods clarified that this is the second citation for the same issue over a fourteen-year period. The University of Colorado did not have good relationships with minority communities locally and throughout the State of Colorado. The President's commitment of $10,000,000 to specifically raise the number of diverse students coming in to the program, was a very public statement and direct action taken to change these practices. The BA/BS to MD program is a pipeline program funded by the Colorado Health Foundation, for Colorado UIM individuals. Recently there were minority community leaders considering contributing. There are enough UIM students applying and being accepted; it is a matter of finding a way to retain them. UMMS faculty isn't very diverse, is that a concern? Robin Michaels noted that Denver's faculty was not diverse and by survey it was shown to be an issue for		

incoming faculty. Robin Michaels stated that the level of diversity at the Duluth campus was a great draw for her. They actively recruit people who support the mission at Duluth and the mission takes people all the way into faculty positions. Dr. Wes Miller recommended that approach needs to be a focus on the TC campus. Dr. Michaels noted in looking at smaller programs like Duluth, it may be the small model has an advantage; making it easier to guide students and create pathways for people; and follow-through to make them successful programs.

Wrapping-up, in looking forward for the next two years; Dimple Patel highlighted several areas where focus should be directed:

- a better space is needed for Admissions operations
- Admissions Committee needs diversification; formed the Admissions Education Development Committee to review areas of need (possibly redefining the Committee, peer review, selection of Committee members, etc.)
- How are applications reviewed,7-hr per week for 40 weeks is a major commitment
- Data integration -UMD, GME and Curriculum, are admits a good fit for program
- Evaluate the holistic review process (follow-up to a previous AAMC training)
- Continued pipeline development; reorganization of MFD, working with our other pipeline programs that exist.
- Recruitment ; developing and committing to a recruitment plan and scholarships
- Regional projects – pre-admissions workshops for UIM students
- National project - AAMC is working toward competency based admissions and situational judgment types

Duluth Admissions

Dr. Robin Michaels provided highlights for the Duluth campus. They are mission driven on the Duluth campus and are leaders in educating physicians who are dedicated to Family Medicine, to serve healthcare needs in rural Minnesota and American Indian communities, as well as to disseminate knowledge through their research efforts. She noted there are about 47% of the Duluth alumni practicing in small communities. Seventy-five percent of the Duluth alumni are practice medicine in Minnesota or northwestern Wisconsin. That is significantly better than the national average. Speaking of Family Medicine, looking from 1976 to 2013 with about 1700 graduates, approximately half of those match and go on to practice family medicine. We are second in the nation for graduating Native American physicians, Oklahoma is first. Seven percent of the Native American physicians in the US matriculated in the University of Minnesota Medical School. Some of the Duluth graduates are forming centers in other parts of the country; three of them are forming a center in Madison, WI. These graduates are adding their efforts to making changes in health care and adding service above and beyond being physicians in traditional settings. There are some unique characteristics that are part of the admission criteria for Duluth; rural potential, family medicine potential and also looking at Native American applicants.

Applications for the Duluth program are at about 1600 for this year, they will interview approximately 200, and enroll 60 students. In Duluth the average MCAT score is 28 to 29, a little lower than the TC campus. The Duluth Admission Committee is smaller, with 19 active members and four of them are physicians. There are 12 men and 7 women; most of them are active Duluth faculty, with varied expertise. The process uses three application screeners; 2 of which will screen an application and if there is a tie 1 “yes” and 1 “no”; a third screening takes place to be the tie breaker. Dr. Michaels screens applications that are from outside the state of Minnesota. Her review for those who may have a lower MCAT score or GPA, they receive a more holistic review and some are then moved through to the full screening phase. The interviews are two, 1-hour interviews, pre and post interview forms are

completed. An interview score is developed and then the applicants are moved forward to be reviewed by the Admissions Committee. The Committee members review the applicants, they assign a score before the meeting. Committee sessions take place once per week from September to mid-March. Applicants are discussed at the weekly meeting, members get clarification about questions and they are able to change the applicants score as a result of the Q & A. A final overall score is determined, which then falls into 1 of 3 categories, accepted, wait-listed or rejected. The admit and wait-list applicants are submitted to the Admissions Executive Committee.

There are two other pathways for students to be admitted. One is the Early Decision in which students apply only to Duluth, they apply to AMCAS between June 1st and August 1st; and submit their supplemental by September 1st. The supplemental is reviewed by the Admissions Committee and then by the Executive Committee and they receive a decision by October 1st. Approximately four or five applicants per year and 1 or 2 accepted per year. Early Admission Scholars is a joint program with the UMD Swenson College of Science and Engineering; these students are juniors when identified and are applying during their junior year December through January. The candidates are reviewed in late spring must have all of the pre-med requirements completed with an MCAT score of at least 27. They begin medical school in what would be their senior year and at the end of the year Swenson awards them their BS in biomedical science, this is a highly successful program.

Locally Admissions works with pre-med groups in Duluth and is reaching out across Minnesota. When preparing to hold the Rural Pre-Med Summit which is held in Duluth they are also in touch with schools across Minnesota. The Center for American Indian and Minority Health has a number of grants that fund K-12 pathways. Regionally the Center also has undergraduate and medical school pathways. Nationally, Duluth staff participate in the Pre-Admission Workshop. Students enrolled at Duluth have access to a number of scholarships. Site specific scholarship are from some towns/communities providing funding, pay back clause does provide an agreement with recipients to work in the contributing community.
What has worked to attract UIMs

1. Scholarships
2. Pathway programs (helping applicants navigate the system) -1:1 time
3. Establish a critical mass (across student and faculty community)
4. Provide academic, social and cultural support (CAIMH)
5. Pre-matriculation program -at risk students once accepted (CAIMH funded)

It's important to understand that UIM students come in with some risk factors that require more guidance than average students with more experience with institutions.

<u>Discussion</u>
Dr. Rosenberg talked about the value of research experience to applicants. The Medical School Research Task Force has discussed the lack of this as a requirement for applicants and they have developed some criteria that are currently being vetted. There is a sense that to increase the sense of discovery of our medical student more attention needs to be part of the initial application process. Reflecting that is membership of the Admissions Committee includes only 1 PhD and 2 basic science faculty. Dr. Shimizu advocates for some research experience, noting it's a very important component in being a successful physician and having that experience in discovery is an advantage. Dr. Miller asked about coming in as a medical student with research experience as criteria that should be evaluated. Dr. Schimmenti talked about the importance of the experience being of high quality, resulting in a product. Dr. Rosenberg reported the Task Force has developed a 9-point scale for rating the research experience. Dimple Patel noted that currently it's listed as desirable for

admission and required for MD/PhD; better defining the level of research expected is important. More specific criteria and definition will help frame the admission process more clearly. Dr. Wes Miller raised the question for how likely shadowing, community service and significant research with publication will be part of what applicants have accomplished. Dr. Schimizu reported that having an end product (such as publication) is not necessarily very common for MD/PhD candidates and it isn't required. He feels more discussion is needed with regard to the MD applicant pool about what would be a formative research experience. Small colleges may not have the infrastructure to support research at an elevated level. Determining whether an applicant has been persistent in attempting to be involved in research, i.e. a UROP grant application, etc. Dr. Watson noted that the previous Admissions Task Force discussed research and community service extensively and the criteria doesn't reflect the importance of research as an approach to improving the "human condition" for applicants to our program. It's important for medical students who matriculate here to have shown their curiousity in some way. Being more specific in what the criterion is to meet the requirement will be helpful to the Admissions Committee members in making their decisions. The questions around this experience can help to answer whether they have critical reasoning skills, can they solve problems; there may also be other ways to determine the abilities. There are international experiences that may be used as a way to assess an individuals' curiosity to work in a setting with few resources and problem solve in the field. This can also be accomplished as in "Americore". Research and the basic sciences emphasizes and teaches the science behind medical practice. It may be possible to review applicant files, find those experiences they've had and determine which qualify to help determine where and what abilities they have developed as demonstrating their curiousity. Admissions would like to know they can communicate to applicants what helps to define their opportunity to become medical students and physicians. Questions to consider with regard to upgraded definitions for research could include the following: • Does reseach experience help to break down the barriers for application of basic science and clinical practice? • Is promoting research a way to retain future physicians within the academic setting?		

Next Meeting
January 21, 2014