

EC members present:		
Connie Bongiorno	Mark Rosenberg	
David Power	Nersi N	
Yogi Shimizu		
Bob Englander		
Betsy Murray		
Brad Benson		
James Pascala		
James Nixon		
John Andrews		
Dimple Patel		
Taisha Mikkel		
Mark Hillard		
Scott Slattery		
Serena		
Sara Roberts		

Minutes

Alan Johns would like to make a corrections - CUMED report included inconsistencies. Duluth has been investigating moving to PASS/NO PASS since May to November but has not implemented

Minutes are approved with these additions.

Presentations

BA/MD JAS Program Update - Taisha Mikell

- Course Director overview for Seminar Position
- **James Nixon**
 - Joint Admissions Scholars (BA/MD) question, how do we decide who are going to be targeted to invited to apply? A: Yes, undergraduate admissions is our partner and will review all applications and given certain metrics will be invited to apply.
 - Q: What about students outside of CLA? A: Primary pool is CLA.
 - Q: Why wouldn't we just let anyone apply? A: Speaking on behalf of Undergraduate Admission and have already been accepted. Undergraduate Admissions didn't want to reject students.
- Dimple reminded of history behind planning to create program and discussions with college partnership
- **James Pascala** Q: How many students? A: 10, each year. Q: What kind of faculty member are were looking? A: Students will have their own academic advisor and meet with Taisha. But expectation is that this faculty will have a close relationship with the students during the three years of undergrad (BA). Q: Who makes decision about student progress / achievement? A: The Pipeline Program Director ultimately has decision-making and leadership purvey of the program and student progress.
- **Nersi**: Q: What about relationships in medical school with faculty advisors once they begin medical school? A: Still fleshing out the transition. JAS Students will participate in Enrichment as part of orientation to help with transitions.
- Dimple also indicated that University wants us to keep tabs

- Bob notes that new model of course director selection and that on a unit level we are intentionally opening these position to competition and attract people who are interested in innovation in medical education. We want to make these cherished positions where people get protected time.
- David Power: Program in Health Disparities might be an interesting model to look into as a resource. Be mindful of commitments community faculty / clinicians may have.

LCME Status Update - Bob Englander

- Refers to handouts
- LCME still requires monitor of three standards
- Reviewing slides for LCME Road Map
 - We believe our site visit will occur in March 2020
 - We are expecting to receive a letter from LCME to Dean Jackson in March 2017, where he will be asked to appoint a Faculty Fellow (likely Associate Dean of UME role)
 - 18 months is where big aspect of activity occurs — Survey dates confirmed, staff visit coordinator (SVC) and faculty positions appointed, self study task force created and assign DCI sections, start independent student analysis
 - April 2018 - Faculty and SVC Attend LCME Survey Workshop
 - August 2019 / December 2019 - Initial upload of self study summary and three months later final self-study report due
- Brad Benson: What are are biggest LCME challenges? A: Three of those citations we have not moved the needle. One of those issues is facilities which is a big vulnerabilities. We need to move needle on remaining issues in next years. Schools with most success have hired infrastructure — exemplar school hired eight people and four FTE to work on LCME site visit. Finally, we have students that are under mean for satisfaction and over mean for burnout. Those three areas are our biggest vulnerabilities. We've made improvements in three out of seven areas. We also have a vulnerability in narrative feedback and facilities.
- Brad Benson: Was this report (refers to handout) based on the fact that we don't score well in narrative feedback? A: We learned that timeliness will improve students' perceptions of narrative feedback. We also learned where they would want feedback (in small groups) and on what (interprofessional / professionalism). Biggest issue has been figuring out where it should live in the second year. Q: I struggle with how we define narrative feedback — criterion for feedback. A: Definition of narrative feedback has to do with words — can be oral or written.
- James Nixon: Size of groups can be an issue with giving narrative feedback. Adding small groups can give more opportunities for narrative feedback
- Bob: We don't have a ton of opportunities in 2nd year for good feedback
- Bob: We might need to take a root cause approach.

Data Transparency Discussion - Bob Englander

- We are excelling at measuring but not at sharing data
- It's important to be transparent but for a good reason
- There is a level of responsibilities about who sees it and what they do with it
- Data would be aggregate but we wouldn't show individual site data with an n = 1
- We should discuss what should be an exception
- Data would be blinded but you would know what data is your own.
- Positive deviance variance
- Competency-based evaluation added to educators
- Point is not punish but to create a culture of improvement
- Quality Improvement tool — balanced roll out of data that isn't just from one source — not just from student evaluation, balanced picture of how they are doing
- Internal data and external data sources — suggest that they are not unilateral

- Ashtang? predictors of clinical outcomes / learning environment and sites
- Site selection bias
- Site vs. Clerkship Comparison (ie medicine vs medicine at different sites or ob vs medicine at the same site)
- Whether we are not going to be transparent vs how are we going to be transparent
 - How are we going to do this respectfully
- Duluth: Who sees? Faculty involved with course. What about students? No.
- ACGME: Can we pair the dataset?