

Education Council (EC) Meeting Minutes

January 17, 2017

EC members present:		EC member not attending c'ont
B Acton	D Powers	J Koffel
M Kim	N Nikakhtar	J Miller
S van den Hoogenhof	S Roberts	J Pearson
J Beattie	S Slattery	N Neglia
Y Shimizu	R Michaels	J Reid
R Englander	C Hedberg	K Brooks
J Pacala	J Gauer	K Crossley
A Pereira	J Andrews	K Dietz
K Murray	EC members not attending	M Aylward
A Johns	A Calhoun	M Wagar
J Nixon	A Goyal	R Cormier
B Clarke	A Severson	S Lava Parmele
B Benson	B Nesbitt	T Stillman
M Rosenberg	D Nascene	W Jenson
D Patel	G Trachte	
	H Thompson-Buum	

Discussion

Strategic Retreat Update

Dr. Bob Englander gave an update on the strategic retreat held on January 11, 2017. Attendees included chairs of curriculum, representatives from the courses and clerkships, students, alumni, Duluth administration, and leads from affiliate hospitals. The ultimate outcome from the retreat was presented.

The new vision statement is much sharper and has a sense of community though there is concern about an absence of learning. As a result of the retreat, there are currently 13 draft guiding principles. The end goal is to prioritize the top 6-9 guiding principles. In order to do this, we will conduct a Q-sort exercise with various stakeholder groups over the next two months. In addition, we will place the draft document on the website and invite comments and prioritization. Based on the emerging priorities, the administration will draft goals 5 year strategic goals over the summer. In September 2017 we will hold another strategic retreat to refine the draft goals and then vet through all groups again and present to EC for approval next year.

Additional discussion:

We need to make sure we include the research, policy & advocacy, and rural stakeholders in the process.

Some confusion as to who this document pertains to-Bob clarified that this document and ultimate strategic plan are focused on UME .

Is Interprofessionalism adequately represented?

State of Curriculum

Dr. van den Hoogenhof gave a summary of curriculum. Looks at the entire medical school from admissions until first year of residency.

The good:

- 50% of students match into primary care (IM, FM, Ped, Med/Ped)

- ~ 40% of Duluth graduates match in Family Medicine, compared to ~10% of Twin Cities graduates
- Students serving in underserved area or population
 - 48.8% Duluth graduates / 31.5% TC graduates, compared to 23% nationally
 - Up from last year for both Duluth and Twin Cities
- Students prepared for residency
 - 60% of MN students rated by program directors in top third.
 - Bottom third is decreasing
 - Practice based learning – our students performed very well this year
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 - One cautionary note re: interpretation of program director survey data: There was a lower response rate this year – almost half

The Not so good:

- Too many lectures or redundancy in lectures – TC
- Not enough active learning
- A group of second year students crafted a statement that was used by about 50 students on the questionnaire concerning the amount of lectures in Years 1 & 2. They would like an outline to be used that has been already prepared by students.
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- The move to less lecture based coursework is moving across the country. We would encourage course directors to try to cut 10-20% of lectures as a starting point. Students prefer less lectures and more active learning.
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- Duluth feels like they lose support when they transition to the TC campus.
- There has been a mild decline in Step II pass rates, from a peak of 99% passing to current 96% pass rate which is now the same rate as national passing rate. This was probably primarily due to a change in the exam, which we have responded to. It appears our pass rate for 2016 will be more in line with the previous three years data.
- Learning environment: The Graduation Questionnaire asks a number of questions about student mistreatment:
 - Our students report a higher rate than the national average of being publically humiliated or embarrassed, predominantly on clinical rotations and by faculty, residents or staff.
 - 83.4% of our students say they are never subjected to offensive, sexist remarks (this is the correct percentage)
 - This is a higher percentage than nationally
 - Discussion topics:
 - Despite the high reporting of mistreatment, especially vis-à-vis humiliation or embarrassment, and the relative rate of sexual harassment reporting on the GQ we have minimal reporting through our Ethics Point system. We need to determine the root causes. Some suggestions included:
 - - EthicsPoint is difficult to find, making reporting difficult
 - Students don't know procedures
 - Easier to gather info in preclinical years

Lively discussion followed expressing dissatisfaction regarding these results. Dr. Kim said we are working on updating the harassment policy and will bring results to a future meeting. Dr. Pacala put forth a motion to charge the UME office to form a taskforce to identify and mitigate causes to address sexism and harassment and put a system in place. It was seconded and approved with unanimous vote.

- The GQ changed how they report debt – they used to report average medical school debt but

now report median debt. It looks like there's a huge jump for our students but it's likely that median reporting is more accurate. Even so, tuition for our students is higher than the national average – 40% higher in TC and 45% higher in Duluth. The percentage of students that have more than \$200,000 of debt is higher than the national average as well. There is no correlation between debt and specialty chosen by our students, though it is discussed informally between the students. The University of Minnesota Medical School is a 'poster' school for this lack of correlation. Students choosing primary care is much higher than the national average. Reducing debt is one of Dean Jackson's goals and we are trying to get it reduced. Debt is not something that the EC should try to fix. Data was provided for informational purposes.

Final Note: Going forward, we are moving from a State of Curriculum to a State of Undergraduate Medical Education report.