

Education Council (EC) Meeting Minutes

March 15, 2016

EC members present:		Con't not attending:
L Anderson	A Pereira	C Hedberg
M Aylward	M Rosenberg	W Jenson
J Beattie	P Schommer	J Koffel
B Benson	A Severson	S Lava-Parmele
J Chipman	Y Shimizu	J Miller
B Clarke	S Slattery	J Neglia
A Goyal	S van den Hoogenhof	J Pacala
S Hansen	M Wagar	J Pearson
R Holton	J Weil	J Reid
A Johns	M Wagar	D Power
S Katz	J Weil	T Stillman
M Kim	EC members not attending:	H Thompson-Buum
R Michaels	R Acton	G Trachte
D Nascene	J Andrews	
N Nikakhtar	K Brooks	Guests:
J Nixon	R Cormier	J Marston
D Patel	K Crossley	B Smith
	K Deitz	

Minutes

Minutes for the February 16, 2016 EC meeting were approved with no corrections or additions.

Information

Associate Dean Dimple Patel reported that the CIA CLA has approved the proposed implementation of a joint accelerated program, BA to MD. EC members supported the new curriculum and fully endorsed implementation at the January 19, 2016 monthly meeting.

RPAP and MetroPAP have received Track approval from LCME, which means that RPAP and MetroPAP will be able to do some flexible work in curriculum. It will no longer be necessary for them to meet the specific requirements of each required clerkship individually, but can look forward to moving toward fulfilling the graduation requirements. This is a formal status with LCME and typically programs must wait two years after the status is granted to function as a Track. This would mean that RPAP and MetroPAP wouldn't be able to make any changes until after December of 2017. Administration is considering asking LCME for authorization for RPAP to move ahead earlier than the 2017 date, in view of the long standing experiences of their program participants

Dr. Mark Rosenberg noted that the **Legislature is in session** and he reported that Dean Jackson and President Kaler are at this time attending a hearing of the House of Representatives, focusing on human subjects and fetal tissue research. The new building is part of the bonding bill and talking points will be sent to everyone, as it is a good time to contact all legislators with support for the building funding. Students will also have the same talking points and will be encouraged to contact legislators. The new building isn't just for this campus, with 70% of Minnesota's physicians are educated here, as well as the other health care professionals who will train on the TC campus in the new facility, the funding supports all of these students. AHC Communications has been actively involved in getting the word out to all of the health care programs. There is a free app "my legislator" that provides contact information for legislators, which includes their email addresses and phone calls are highly recommended.

Data Integration/Outcomes Center Project

Dr. Benson noted this presentation is an update of the learner outcomes database that has been discussed in the past. Barbara Smith and Jonathan Marston of AHC IS have been working on this project since last April.

Jonathan is a data analyst who is fully allocated to the Medical School. Data integration project is now called an Outcomes Center; as a bigger vision of having the data management as a service that can include longitudinal analysis, both institutional and scholarly research, faculty output improvement and day-to-day business process improvements.

Initially an inventory of all data sources was identified for UME which was about 72 data sources, some were robust and others were less accessible. They all had an impact and were part of the integrated data model. As the need for more feedback was expanded to add other sources have been added from GME and some forms of community data to get practice measurements. There are now approximately 112 data sources, many of which have already been accessed and again some are less accessible and not readily accessible due to their current format. E*Valu is one of those areas where good data for Year 3 & 4 exists, but currently not in an integrative form.

John Marston has worked closely analyzing the data sets and spoke about the process he's developed. Through use of Tableau software he is to organize the various forms of data, making it possible to establish them in a way that can eventually be queried. This process involves use of applications available through AHC IS and will allow the data to be delivered through different methodologies. Another aspect of Jonathan's work is to build a documentation repository to allow Med Ed going forward to have a set of real knowledge. A database built around knowing what the data is, year's represented by the data and what is being measured with the data.

In addition to fully understanding the data so when it's requested it's the correct data being delivered, the security of the data is a major consideration. Barbara Smith provided an illustration of the structure of the governance of data sharing. Proper security provides for monitoring who is requesting the data, who is using the data and to close the loop to make sure that anything that's learned is brought back in to allow for a continual improvement process. There will be a vetting process as part of the security data to determine who are the owners and who are the stewards (with day-to-day access). Those positions will become part of the governance structure, to insure they are notified of the request and the requestor(s) of a data set and are able to ask questions before the data is delivered. If there is a change that takes place before the data is delivered these individuals will know who to contact and what is the status. Once the request has been completed they will be part of the check and balance insuring that the access of the requestor is terminated. These will be a project managers to be involved in all aspects of data access from beginning to end. There will be a data request intake form common to all requests for data, whether it's a study of the data for research or for use by faculty in planning for a course.

There have been some high level requests for data from Dean Jackson and some work has been done with Admissions with regard to data. These have helped to refine the governance and request processes and subsequent requests have been made easier based upon what was learned and developed as a result of the initial requests from the Dean and from Admissions. There have also been some application of the data used in on-going work to streamline day-to-day processes, one such is looking at how to monitor the tracking of medical student required immunizations and training needed before their clinical coursework in year 3 and 4.

Areas currently undergoing development:

- complete implementation of the governance frame-work and online workflow and approval and notifications
- complete the quality assurance for each of the 112 data sources (will be on-going)
- having a researcher/statisticians to provide their expertise
- fully understand the feedback from GME and community practice measurements
- provide an opportunity to work with a data request identified by EC members

Dr. Benson will survey EC members with regard to the list of 112 data sources and establish a request(s) for data that will be used by the Council to move forward in the work it does in oversight of the curriculum. Information received through the survey can be used for discussion among Council members to generate a data request.

In terms of taking data requests it will depend upon the questions, but for full implementation there are areas where more support of the functions will be required. Tableau is an important component in how easily the data can be used; AHC IS has made the Tableau server available for use across the campus. Individual departments

are required to purchase individual desktop access for those individuals who work and interact with the license. OIT is being urged to provide full use of Tableau across the U.

Step 2

Dr. Suzanne van den Hoogenhof presented information on the Step 2 examination results with specific details related to UMMS students. Last academic year's our School's average on the Clinical Skills portion was higher than the national average (1st time). The first time pass rates have gone down for our students, the NBME has changed the score required for passing, which is now 209. It was suggested that Dean Paula Termuhlen of the Duluth Campus, has been involved in writing Step 2 questions in the past and may have some input. The average isn't available, we only receive information to whether or not they passed (this year's data isn't yet available). There is thought that the SOAP notes are playing a role in these changes. Last year when there were failures the communication portion, students who performed poorly on communication on the OSCE were required to take a communications workshop and that seems to have helped this year.

In the State of Minnesota, people who have failed the Step 1 three times are not allowed to be licensed. Two major issues identified with UMMS students are level of preparation and taking the exam seriously. For Step 2 CS the exam is placing an emphasis on communication and it is felt that last year students were unprepared for that focus.

Several areas for change include:

- remediation for those who underperform and meet with advisor 1:1
- stronger message for preparation for CK, 3 weeks seems optimal
- more practice for standardized testing (CCSA)
- more cases for CCA
- refine evaluation of CCA
- stress critical thinking
- provide SOAP note sessions

COSSS

Some areas with relation to the COSSS process and how students with failures are aided and steps taken include: For first and second failure

- COSSS subcommittee works with individual students
- Remediate by re-exam (1st failure)
- Possibly decelerate
- COSSS determines if retake the course is required

A full discussion of COSSS and CSS, Step 1 & 2 scores and the processes applied in moving students forward will be scheduled for the May Council meeting. Information will be circulated and Council members are asked to come prepared with their questions and concerns.