

Minutes
University of Minnesota Medical School
Faculty Assembly
May 21, 2013

A meeting of the University of Minnesota Medical School Faculty Assembly was held on Thursday, May 21, 2013 at 4:00 p.m. in room Room 1-450 Moos Tower, via ITV to 165 School of Medicine, Duluth. Dr. Nancy Raymond, Associate Dean for Faculty Affairs, presided.

Welcome and Call to Order

The meeting was called to order at 4:04 p.m.

Medical School Committee Report Q&A and New Committee Appointments

Current Committee Chairs and Ex Officio Members of the following committees:

- Admissions Committee (Twin Cities)
- Admissions Committee (Duluth)
- Committee on Student Scholastic Standing (COSSS)
- Scholastic Standing Committee (Duluth)
- Education Council
- Research Council

Each spring the Medical School Committees submit summary reports to the Faculty Assembly. The reports were made available for review prior to this meeting on the Office of Faculty Affairs website and as handouts at the meeting. Representatives of the committees were in the audience available to answer questions.

FAC Appointment Membership

In April the Office of Faculty Affairs put out a call for nominations for those medical school committees that had openings. The FAC then voted on the nominations at its May meeting. The final slate of nominees is being presented to the Faculty Assembly at this meeting; fifteen days following the meeting, the entire faculty assembly will be asked via electronic ballot to approve the slate.

Admissions Committee (Twin Cities):

- Viorel Florea, M.D., Ph.D.
- Susan Lava-Parmele, M.D.
- George Realmuto, M.D.

Committee on Student Scholastic Standing (COSSS):

- Peter Argenta, M.D.*
- David Baram, M.D.*
- Kumar Belani, M.D.*
- Michael Kim, M.D.*
- Peter Southern, Ph.D.
- Douglas Wangenstein, Ph.D.

*incumbents

Revisions to Medical School Constitution and Bylaws

Dr. Raymond informed the Faculty Assembly that requested changes to the Medical School Constitution and Bylaws would now be up for discussion. These changes include the following:

Changes to Education Committee (Article II, Section C.1)

- The total number of faculty on the Education Council went from 27 to 26.
- Number of Twin Cities faculty members selected by course and clerkship directors went from four to three
 - Course Directors are now specified as the Scientific Foundations Committee
 - Clerkship Directors are now specified as the Clinical Education Committee
 - The three representatives will now be on alternating terms
- The total number of faculty selected by the FAC went from two to three
 - It is now a requirement that of the three members selected by the FAC, one must be a basic science faculty representative
- Number of members from the Department Heads Council changed from six to five:
- The number of elected members from the Basic Science Council remains the same at one, the number of elected members from the Clinical Sciences Council, has been changed from three to two

The revisions to the Constitution and Bylaws are being brought to the Faculty Assembly for discussion and motion to vote. A motion was made by Drs. Wesley Miller and Kathy Watson (first, seconded) to move the documents to vote. The vote will be conducted following a 15-day review period, as required by the bylaws.

Medical Education

Mark Rosenberg, Vice Dean for Medical Education

Update on where things stand in Education. Eighth month in position; excited to deal with continuum of education – pipeline programs, admissions, medical education and continuing education.

Introduced Dimple Patel, new Assoc Dean for Admissions; new to position as of May 15, hopes to address diversity and holistic review. Undergraduate education led by Kathy Watson; five major themes being worked on: trying to close the gap between education and modern reality of practice (teams, quality improvement, etc.); has a grant submitted – one of 31 schools asked to submit grant; integration of curriculum from basic to clinical science; promote interactive learning; the learning environment, such as at affiliate sites (appreciative inquiry – sharing of best practices); clinical education – third and fourth year, how to make that experience better for students such as longitudinal; promoting research experiences for med students.

Graduate medical education led by John Andrews. Next accreditation launching July 1; will involve site visits by ACGME. Centralizing of graduate medical education.

Continuing medical education – want to focus on continuous performance improvement in practice; want to become a portfolio sponsor.

Simulation/working with SIM PORTAL/Crest to make it more accessible. Test of competency based education – initial program in Pediatrics (EPAC); launching innovation contest in medical education – web site set up to vote, will fund three projects; hope to launch a culture of innovation.

Medical School Strategic Plan Update

Richard King, Chair, Medical School Strategic Plan Steering Committee

Deadline of June 30, 2013; began work in early January. Committee was put together not attempt to represent all departments and disciplines, but looking for faculty who are committed to working on project and committed to being here to see it through. Financial analysis of 14 other similar schools; looked at them for total \$, total endowment, NIH ranking, number of faculty; interviewed faculty at those schools to find out what had changed; results found that culture of excellence was more important than \$. Numerous meetings have been held with faculty on campus and at affiliate sites; have not been able to meet with every group, but have tried to get as much input as possible in limited time. All conclusions will be supported by data: will set goals that will be supported by metrics in all areas: clinical, research,

education. Goal is to have draft submitted to entire faculty by first week of June and will welcome comments. Open meeting with President Kaler on May 22, to respond to questions that have been raised regarding how the University will support the plan.

Medical School Update

Aaron Friedman, Dean of the Medical School

Need to develop new models of care; diversity of workforce; navigate quickly in clinical and research environments; requirements to translate research quickly into clinical care. Identified a few things last year and have completed a few things: integrated structure with FHS and UMN MS; creating the structure a big first step, still work to be done to implement it. Ground breaking for new ACC that will give MS a facility that patients, staff and physicians deserve. LCME work to complete, being addressed by Mark Rosenberg. Several searches underway for senior administrative positions; new programs in mentoring and orientation that have been started. More work on education to bring our efforts into 21st century; strategic plan will address some of those matters too. Need to rededicate ourselves to research, clinical, and education excellence. Setting standards and faculty control. We will work on successfully implementing integrated structure; will work to implement strategic plan; will work to dedicate resources – new research building opening in June; transition in leadership coming up, committed to making that transition go smoothly that will lead to bigger and better things in future.

Closing Remarks

Nancy Raymond, Associate Dean for Faculty Affairs

Meeting adjourned at 4:45 p.m.

Respectfully submitted,
Marilynn Dunbar
Staff to the Faculty Assembly

**2013 Twin Cities Admissions Committee Report to the Spring Faculty Assembly
May 21, 2013**

Admissions Mission Statement

The Office of Admissions carries out the admissions process in a manner that is equitable, efficient, and timely. Services provided by the Office of Admissions are responsive to the needs of prospective applicants, applicants, undergraduate pre-medical advisors, referring institutions, Medical School faculty and administrators, and external constituents including the Board of Regents, the Minnesota State Legislature and the Association of American Medical Colleges.

Diversity Statement (excerpt)

We strive especially to have our learning community better reflect the demographics of the state by increasing the representation of African-Americans/Blacks, Hispanics/Latinos, Native Americans, Native Hawaiians/Pacific Islanders, Native Alaskans, Hmong, individuals from rural backgrounds, first generation college students, or those from economically disadvantaged backgrounds.

2012 Demographics		Primary Undergraduate Institutions	
Total number of applicants	3662	University of Minnesota-TC	49
Total number of interviews	582	University of Wisconsin - Madison	17
Total number matriculated	170	Saint Olaf College	11
Minnesota residents	133	Carleton College	7
Non-residents	37	University of St. Thomas	5
MSTP Students (MD/PhD)	7	Macalester College	5
Multicultural	41	Gustavus Adolphus College	4
Underrepresented in medicine	15	Creighton University	4
International students	2	Augustana College	3
Female	91	University of Michigan-Ann Arbor	3
Male	79	Saint John's University	2
Mean age	24	Northwestern	1
Average MCAT	32.5	University of Notre Dame	1
Average GPA	3.73		

Top Undergraduate Majors		Non-Science Majors
Biology	64	Actuarial Science, Anthropology, Asian Languages Communications, Drama, Economics, English, Finance, Foreign Languages, Health Administration, History, Kinesiology, Nutrition, Philosophy, Political Science
Biochemistry	18	
Biomedical Engineering	10	
Neuroscience	10	
Chemistry	8	
Genetics, Cell Biology and Development	6	
English	3	
Foreign Language	3	
Microbiology	3	

Non-Traditional Student Trend Students who matriculated to medical school 2 or more years after graduation from an undergraduate program.				Multicultural and Underrepresented Matriculates For the University of Minnesota, UIM = African Am/Blacks, Hispanics/Latinos, Native Americans, Native Hawaiians/Pacific Islanders, Native Alaskans, Hmong.			
Year	Class Size	#	%	Year	Class Size	Total MC	UIM
2006	165	60	36	2006	165	41	19
2007	183	47	25	2007	183	41	17
2008	170	51	30	2008	170	41	20
2009	169	49	28.9	2009	169	35	12
2010	169	77	45.5	2010	170	38	14
2011	170	56	32.9	2011	170	35	16
2012	170	66	38.8	2012	170	41	15

2012 Competitors: Medical Schools to which applicants with multiple offers chose over the U of MN

Medical School	# Withdrawals	Medical School	# Withdrawals
UW Madison	11	Vanderbilt	5
Washington U	9	Loyola-Stritch	4
Northwestern	8	U Michigan	4
Iowa	6	Colorado	3
Case Western	5	Duke	3
U Chicago Pritzker	5	Harvard, NC, U Penn, U Wash-Seattle, UC-Davis, Vermont, Yale	2 each

Application Trends 2006 – 2012

TC Campus	2013	2012	2011	2010	2009	2008	2007	2006
Applicants	3,852	3,669	3,550	3,361	3,259	3,212	3,093	2,528
Enrolled	Pending	170	170	169	169	170	183	165
National	2013	2012	2011	2010	2009	2008	2007	2006
Applicants	47,219	44,212	43,919	42,742	42,269	42,231	42,315	39,108
Enrolled	Pending	19,517	19,230	18,665	18,390	18,036	17,759	17,361

Update for the 2013 Entering Class

- Total number of applicants: 3,852 (4.7% increase from 2012).
- Total number of applicants interviewed: 646
- Multicultural applicants holding as of May 1, 2013: 58

Voting Members of the Admissions Committee

Walter Bailey, MD	Maureen Campbell, MD- Class of 2013	David Hamlar, MD, DDS	David Levitt, MD, PhD
Beth Baker, MD, MPH	David Current, MD	A. Stuart Hanson, MD	Phillip McGlave, MD
G. Eric Bauer, PhD	Yvonne Datta, MD	Gerald Hill, MD	Claus Pierach, MD
Kumar Belani, MD	Vanessa Dayton, MD	Farha Ikramuddin, MD	David Plummer, MD
Prof. Richard Bianco	William Gamble, MD	Julia Joseph-DiCaprio, MD	Jamie Santilli, MD
Khalaf Bushara, MD	Deborah Goldman, MD	June LaValleur, MD	Leon Satran, MD
Divya Sood, MD – Class of 2013	Karen Wahmanholm, MD, MPH		

The Duluth Admissions Committee Report to the Faculty Assembly May 21, 2013

Duluth Campus Mission

The mission of the University of Minnesota Medical School Duluth campus is to be a leader in educating physicians dedicated to family medicine, to serve the health care needs of rural Minnesota and American Indian communities and to discover and disseminate knowledge through research.

Diversity Statement (excerpt)

We strive especially to have our learning community better reflect the demographics of the state by increasing the representation of African-Americans/Blacks, Hispanics/Latinos, Native Americans, Native Hawaiians/Pacific Islanders, Native Alaskans, Hmong, individuals from rural backgrounds, first generation college students, or those from economically disadvantaged backgrounds.

In 2012, the University of Minnesota Medical School, Duluth campus admitted 60 students from 9 states and from 35 counties within Minnesota, representing 33 colleges/universities and 21 different majors.

- Total number of applicants: 1487
- Total number of applicants interviewed: 149
- Total number admitted (matriculated): 60
- Minnesota residents: 52
- Non-Minnesota residents: 8
- Multicultural: 8
- UIM: 8
- International: 0
- Female: 29
- Male: 31
- Mean age: 24 (range 21 – 45 years old)
- Total MCAT: 28.43
- Overall GPA: 3.67
- Hometowns smaller than 20,000: 46 (77%)

2012 Primary Undergraduate Institutions

Undergraduate Schools	#
University of Minnesota-Duluth	8
University of Minnesota-Twin Cities	6
St. John's University/College of St. Benedict	6
Concordia College at Moorhead	4
Gustavus Adolphus College	3
Winona State University	3
College of Saint Scholastica	2
North Dakota State University	2
South Dakota State University	2
University of North Dakota	2
Bethel University, Carleton College, Colorado College, Dartmouth College, Dordt College, Fordham University, Michigan Technological University, Oklahoma State University, Rochester Institute of Technology, Seattle Pacific University, St. Cloud State University, St. Olaf College, Texas Tech University, University of Arkansas, University of California Riverside, University of Minnesota Morris, University of Oklahoma Norman, University of Portland, University of St. Thomas, University of Wisconsin La Crosse, University of Wisconsin Madison, University of Wisconsin Stevens Point	22

Competitors (schools which U of MN applicants w/multiple accepts chose over the U of MN)

Medical School	# WDs
University of Wisconsin	2
Albert Einstein	1
Columbia	1
Creighton	1
Loma Linda	1
Medical College Wisconsin	1
New Mexico	1
New York Med	1
North Carolina	1
Rush	1
University of Iowa	1

2012 Undergraduate Majors

Majors	# Students
Biology	29
Biochemistry	5
Biological Sciences	3
Cellular and Molecular Biology	2
Chemistry	2
Mathematics	2
Mechanical Engineering	2
Psychology	2
Computer Science, Economics, Electrical Engineering, French Studies, History, Multidisciplinary Studies, Natural Sciences, Neuroscience, Nutrition, Philosophy, Physics, Spanish, Zoology	13

2012 Non-Science Majors (13 Students)

Majors	# Students
Mechanical Engineering	2
Psychology	2
Computer Science, Economics, Electrical Engineering, French Studies, History, Multidisciplinary Studies, Natural Sciences, Philosophy, Spanish	9

Non-Traditional Students

Students who matriculated to medical school two or more years after graduation from an undergraduate program.

Year	Class Size	# Non-Traditional Students	%
2006	56	25	44.6
2007	58	16	27.6
2008	60	17	28.3
2009	60	30	50
2010	60	22	36.6
2011	60	24	40
2012	60	14	23.3

Multicultural and UIM Matriculants

Underrepresented in Medicine for UM = African-Am/Blacks, Hispanics/Latinos, Native Americans, Native Hawaiians/Pacific Islanders, Native Alaskans, Hmong

Year	Class Size	Total Multicultural	UIM
2006	56	9	9
2007	58	8	8
2008	60	7	6
2009	60	7	7
2010	60	7	7
2011	60	3	3
2012	60	8	8

Application Trends 2006 – 2013

Duluth Campus	2013	2012	2011	2010	2009	2008	2007	2006
Applicants	1674	1487	1279	1281	1352	1413	1330	1281
Enrolled		60	60	60	60	60	58	56
National			2011	2010	2009	2008	2007	2006
Applicants	47,219	44,212	43,919	42,742	42,269	42,231	42,315	39,108
Enrolled		19,517	19,230	18,665	18,390	18,036	17,759	17,361

2013 Update

- Total number of applicants: 1674 (13% increase)
- Total number of applicants interviewed: 187

Goals for the 2013-2014 Application Cycle

- Enhanced identification and recruitment of applicants who will advance the campus mission by practicing family medicine in rural Minnesota and American Indian communities.
- Increase recruitment through campus visits, healthcare fairs, and pre-admissions workshops.

Committee on Student Scholastic Standing Report to the Faculty Assembly
University of Minnesota Medical School, May 2013

Members serving on the Committee from 5/1/12 through 4/30/13:

Sitting Members:

Sheila Specker, M.D., Chair
 Sharon Allen, M.D.
 Peter Argenta, M.D.
 David Baram, M.D.
 Kumar Belani, M.D.
 William Engeland, Ph.D.
 Eric Gross, M.D.
 James Harmon, M.D.
 Steven Katz, Ph.D.
 Michael Kim, M.D.
 Taj Mustapha, M.D.
 Catherine Niewoehner, M.D.
 Anne Pereira, M.D.
 William Robiner, Ph.D.
 Tseganesh Selameab, M.D.
 Kevin Wickman, Ph.D.

Ex-Officio:

Theodore Thompson, M.D.
Lead Academic Advisor
 Jill Eck, M.S.
Director of Student Support

Student Representatives:

Alexander Ringeisen, MS4
 Michael Clark, MS3

General Counsel:

Barbara Shiels, J.D.

Meetings/Hours: From May 1, 2012 through April 30, 2013, the Committee on Student Scholastic Standing held 13 meetings, totaling approximately 48 hours. Among a total of 987 students enrolled in medical school on the Twin Cities campus, the Committee addressed the following student issues:

Students Reviewed:

2011-12	2012-13
78	115

Individual medical students were discussed at the COSSS meetings for appearances and action items

Student Appearances:

2011-12	2012-13
26	38

Student interviews were conducted to discuss academic issues or hearings:

- 15 Student interviews were conducted to discuss course failures
- 2 Student interviews were conducted for failing to make satisfactory academic progress
- 2 Student interviews were conducted for failing an NBME Step exam
- 2 Student interviews were conducted to request a return from leave of absence
- 1 Student interview was conducted to discuss Honor Code violations
- 4 Student interviews were conducted to discuss professionalism concerns
- 2 Student interviews were conducted to discuss behavioral/health concerns

Disciplinary Hearings:

- 1 Student was subject to disciplinary hearing for violations of medical school policies. This student was required to complete structured remedial plans to address these violations which were supervised by their Faculty Advisor and COSSS.

Dismissal Hearings:

- 5 Students were subject to a dismissal hearing
 - June 2012 – two MED 7500 failures
 - June 2012 – failed MED 7500 and Surg 7500
 - January 2013 – Failed OBST 7500 3 times
 - January 2013 – multiple course failures
 - March 2013 – Failed MED 1 and MED 2
- 1 Student was dismissed from medical school
 - 2013 - Could not pass background check, lack of academic progress, professionalism, behavioral and academic issues

Appeal Hearings:

- 1 Student appealed the COSSS decision for dismissal; dismissal upheld

Withdraw from Medical School:

- 2 Students withdrew from medical school
 - 1-MS 1
 - 1-MS 4

Student Petitions (no COSSS appearance required)

- 32 Remediate a first YR 1 or 2 course failure
- 3 USMLE Step 1 permission to sit for re-exam
- 4 USMLE Step 2 CK permission to sit for re-exam
- 1 USMLE Step 2 CS permission to sit for re-exam
- 4 Decelerated Schedule – Year 1
- 11 Extended Graduation – Years 3 and 4
- 10 Request permission for a leave of absence (LOA)
- 4 Request permission for reinstatement post-LOA
- 5 Request permission for reinstatement to good academic standing
- 1 Request permission to move graduation date forward
- 1 Request permission to remove a failing grade from student record (denied)

Flexible MD Programs – Leaves of Absence & Delayed Graduation Dates:

2011-12	2012-13
23	33

Students participated in the Flexible MD Program:

- 20 Students were granted leaves of absence for the following:
 - 2 Students pursued an additional degree
 - 4 Students pursued a master’s degree in Public Health
 - 1 Students pursued a master’s degree in Biomedical Engineering
 - 2 Student pursued a Post-Sophomore Pathology Fellowship
 - 11 Students pursued research
- 13 Students were granted delayed graduation dates to participate in global studies

At Risk Status:

- 45 Students were placed on “At Risk” status because of course/rotation failures, Step 1 and Step 2 CK & CS failures, behavioral issues or violations of medical school policy:
 - 32 Students were placed on “At Risk” status for foundations course failures
 - 7 Students were placed on “At Risk” status for clinical rotation failures
 - 1 Students was placed on “At Risk” status for Step 1 failures
 - 2 Students were placed on “At Risk” status for Step 2 CK failures

- 1 Students was placed on “At Risk” status for Step 2 CS failure
- 1 Students was placed on “At Risk” status for personal/health reasons
- 1 Students was placed on “At Risk” status for ethics violations

Academic Probation:

- 6 Students were placed on Academic Probation due to foundations or clinical course failures, Step 1 failures, professional/behavioral issues:
 - 1 Students was placed on “Probation” for clinical rotation failures
 - 3 Student were placed on “Probation” for failing to make satisfactory academic progress
 - 0 Student was placed on “Probation” for Step 1 failures
 - 2 Students were placed on “Probation” status for behavioral issues

USMLE Statistics

USMLE Step 1 Statistics (includes Duluth students):						
Dates	Total Tested	-----Number of Attempts-----				
		1 st	2 nd	3 rd	4 th	5 th
05/01/12 – 04/30/14	226	216 Passed 4 Failed	3 Passed 0 Failed	--	--	--

USMLE Step 2 CK Statistics (includes Duluth students):						
Dates	Total Tested	-----Number of Attempts-----				
		1 st	2 nd	3 rd	4 th	5 th
05/01/12 – 04/30/13	228	222 Passed 3 Failed	2 Passed 1 Failed	--	--	--

USMLE Step 2 CS Statistics (includes Duluth students):						
Dates	Total Tested	-----Number of Attempts-----				
		1 st	2 nd	3 rd	4 th	5 th
05/01/12 04/30/13	216	182 Passed 4 Failed	3 Passed 0 Failed	--	--	--

Note: The 2012 NBME reports indicate that among first time test takers from the University of Minnesota Medical School, students are performing above the national mean on Step 1 with a pass rate of 99%, up from 96% in 2011. First time test takers on the Step 2 CK and Step CS continue to perform above the national mean with pass rates of 99%.

May 7, 2013

TO: University of Minnesota Medical School Duluth Campus School Assembly

FROM: Scholastic Standing Committee, Duluth Campus

RE: Annual Report (2012-2013)

The Scholastic Standing Committee is a standing committee in Duluth charged with the responsibility of monitoring student progress through the first two years of medical school. In Duluth, seven faculty members and two student members (one from each class) serve on the Scholastic Standing Committee, members and are elected. The Duluth campus Interim Assistant Dean for Student Affairs sits *ex-officio* on this committee. Meetings are held to review student progress following the conclusion of each grading period. Student progress is also monitored at each mid-semester point and meetings are held at these times if necessary.

End of grading period determinations were held on 6/28/2012 for Summer Session 2012, 2/28/2013 for Fall Session 2012 and a meeting is scheduled for 6/6/2013 for Spring Session 2013 grading determinations. In addition, special meetings were held regarding the academic progress of students including: 1) 10/4/2012 first year student leave of absence request to return Fall 2013. 2) 10/18/2012 a special meeting with Foundations of Medicine Course Directors to discuss the remedial plans for the five Foundations of Medicine Course failures. 3) 10/25/2012 special meeting to discuss a process of how the Scholastic Standing Committee will meet with students who receive an "N" grade. 4) 11/8/2012 meeting to approve the recommendations from Scholastic Standing Sub Committee on student remediation's in the Foundations of Medicine Course, and the Cardiovascular, Respiratory, Renal Acid-Base Course (CRRAB I). 5) 12/20/2012 two second year students failed Cardiovascular, Respiratory, Renal, Acid-Base Medicine CRRAB II. 6) 2/28/2013 determination of Fall Semester 2012, five first year students failed Foundations of Medicine, two second years students failed the Cardiovascular, Respiratory, Renal, Acid-Base Medicine CRRAB II. 7) 4/11/2013 special meeting to discuss two students failing the Neurological Medicine Course Spring Semester 2013.

1. Program decelerations/modifications:

Four first year students are completing year one on a decelerated/modified program.

2. Leave of Absence and/or Readmission after a leave:

First year student on a Leave of Absence until Fall 2013.

Three second year students on a Leave of Absence returned Fall 2012 to repeat Cardiovascular, Respiratory, Renal, Acid-Base Medicine, CRRAB I.

3. Academic Probation/Remedial Programs/Re-examinations: The following Courses had student failures with remediation or in the process of remediation:

First Year Classes with failures, remedial programs/re-examinations

Foundations of Medicine: Five students failed the course (2 successfully remediated, 1 student failed the remediation and 2 students will repeat the course Fall Semester 2013).

Neurological Medicine, two students failed the course.

Hematology, Immunology and Oncology – still in progress

Social and Behavioral Medicine – still in progress

Rural Medical Scholars Program – still in progress

Second Year Classes with failures, remedial programs/re-examinations:

Cardiovascular Respiratory Renal Acid Base I (CRRAB I): One student failed the course; student is pending remediation.

Cardiovascular Respiratory Renal Acid Base II (CRRAB II) Two students failed the course, both students successfully remediated.

Gastrointestinal Medicine: All passed

Hormonal and Reproductive Medicine: All passed

4. Dismissals/Withdrawals: None
5. Successful Completion of USMLE, Step 1:

Second year students from the 2012-2013 academic year are currently in the process of studying for the USMLE, Step 1. 98 percent of 2nd year students passed the USMLE, Step 1 on their first attempt in 2012. That class achieved an average score of 226. One student failed initially, but passed easily on the second attempt.

6. Transfers to other medical schools
None

Two recommendations are made to the Assembly at this time.* They are:

1. All second year students who have successfully completed all course requirements for the first and second years of the curriculum are recommended for transition.
2. All first year students who successfully complete all course requirements for the first year curriculum are recommended for promotion to the second year.

*Note that all students who are not currently in good standing for promotion or transfer will be promoted only upon successful completion of the necessary requirements.

This report is respectfully submitted for acceptance by the School Assembly.

Jeff Adams, M.D.
Chair
Duluth Scholastic Standing Committee

U of Minnesota Medical School Duluth Scholastic Standing Committee Member Roster,
2012-2013

Mustafa al'Absi, PhD.
Lynne Bemis, Ph.D.
James Boulger, Ph.D.
Jen Pearson, M.D.
Patricia Scott, Ph.D
Larry Wittmers, M.D
Ruth Westra, D.O., M.P.H. (Ex-Officio)
Jeff Adams, M.O. (Chair)
Melody Shepherd (second year student)
Jeffrey Gilbertson (first year student)

Medical School Faculty Assembly
Tuesday, May 21, 2013
Education Council Report

Membership:

Current committee chair and members (attached sheet)

Focus of work:

Minutes of the Education Council meetings can be reviewed in full at www.meded.umn.edu/committees. The work of the Education Council fell into 4 broad categories:

A. Policy Changes approved: (<http://www.meded.umn.edu/policies/index.php>)

- No changes

B. Policy/Process/Outcomes Reviews and Approvals

- Grading policy years one and two
(http://www.meded.umn.edu/policies/index_tc.php)
- Mistreatment and harassment of medical students
- LCME: Learning Environment rounds
- State of the Curriculum report
- Community University Board Health Summit (9/24/12) outcomes
- - Interprofessional Education
Match 2013
- Monthly reports from the Education Steering Committee

C. Curriculum Reviews and Approvals

- Integration Work Group—plans to continue integration of basic and clinical sciences, curriculum in courses, across courses, between campuses, years 1-4.
- Student Assessment Committee teamwork EPA (Entrustable Professional Activity)
- EPAC—Education in Pediatrics Along the Continuum
- Subinternship in Internal Medicine—approved for development
- Longitudinal Integrated Clerkship at the VAMC—approved for development
- CUMED, Scientific Foundations, and Clinical Education Committee Chair Reports

EDUCATION COUNCIL: Members 2012-13

Title	Name
Voting members:	
1. Chair✓	Wes Miller, M.D., Professor and Head, Medicine
2. Clinical Sciences Council	Bevan Yueh, M.D., Professor and Chair, Otolaryngology
3. President, Basic Sciences Council	Tim Ebner, M.D., Ph.D., Professor and Head, Neuroscience
4. Clinical Head 16	James Pacala, M.D., Professor, Family Medicine
5. Clinical Head 14	Linda Carson, M.D., Professor and Head, Obstetrics and Gynecology
6. Clinical Head 14	Joseph Clinton, M.D., Professor and Head, Emergency
7. Basic Science Head 14	Joseph Metzger, Ph.D., Professor and Head, Integrative Biology and Physiology
8. Duluth Faculty Rep	Robert Cormier, Ph.D., Assistant Professor, Biochem/Molecular Biology-Duluth
9. Duluth Faculty Rep	George Trachte, Ph.D., Assoc. Dean for Research/Fac. Affairs, Professor – Duluth
10. Duluth Faculty Rep	Alan Johns, M.D., MEd , Associate Professor , Family Medicine – Duluth
11. Duluth Faculty Rep	Arlen Severson, Ph.D., Professor, Pathology and Lab Medicine – Duluth
12. GMEC Resident Program Dir Rep 13	Alisa Duran-Nelson, M.D., Assistant Professor, Medicine
13. GMEC Resident Rep13	Andrew Olson, M.D., Med/Peds Residency Program
14. Faculty Assembly 15	Greg Vercellotti, M.D., Professor, Medicine
15. Faculty Assembly 15	Lisa Schimmenti, M.D., Associate Professor, Pediatrics
16. Faculty Assembly 13	TBD
17. Curriculum Committee 13	Sharon Allen, M.D., Professor, Family Medicine/Community Health
18. Curriculum Committee 14	James Nixon, M.D., Associate Professor, Medicine
19. Curriculum Committee 13	David Power, M.D., Assoc. Professor, Family Medicine/Community Health
20. Year 1 Student Rep 13	Mark Nelson, MS-1
21. Year 2 Student Rep 13	Casey Sautter, MS-2
22. Year 3 Student Rep 13	Ben Marsh, MS-3
23. Year 4 Student Rep 13	Zach Beatty, MS-4
24. Year 1 Duluth Student Rep 13	Alyssa Wojciechowski, MS-1
25. Year 2 Duluth Student Rep 13	Kristie Johnson, MS-2
26. Faculty Representative✓13	Kathleen Brooks, M.D., MBA, MPA Assistant Professor, FMCH, Chair-ESC
27. Faculty Representative✓13	Stephen Katz, Ph.D., Associate Professor, Integrative Biology and Physiology
Non-voting:	
Vice Dean, Medical Education	Mark Rosenberg, M.D., Professor, Medicine
Sr. Assoc. Dean, Undergraduate Medical Educ.	Kathleen Watson, M.D., Associate Professor, Medicine
Assistant Dean, Assessment, Curriculum, Eval.	Majka Woods, Ph.D.
Assistant Dean, Scientific Foundations Curr.	Jeffrey Chipman, M.D., Associate Professor, Surgery
Duluth, Assist Dean, Med Ed and Curriculum	Alan Johns, M.D., MEd, Associate Professor, Family Medicine – Duluth
Duluth, Chair, Committee on Undergrad Med Ed	George Trachte, Ph.D., Assoc. Dean for Research/Fac. Affairs, Professor – Duluth
Chair, Clinical Education Committee	Cullen Hegarty, M.D., Clerkship Director, Emergency Medicine Clerkship
Chair, Scientific Foundations Committee	Catherine Niewoehner, M.D., Course Director, Endocrinology/Reproduction
Director, Continuing Medical Education	Ginny Jacobs, M.Ed., MLS, CCMEP
Lead Faculty Advisor	Ted Thompson, M.D., Professor, Pediatrics
Duluth, Interim Ass't Dean, Admiss/Stdnt Affrs	Ruth Westra, M.D., Head and Associate Professor, Family Medicine, Duluth
TC, Associate Dean, Admissions	Dimple Patel
Representative, Biomedical Library	Jim Beattie, M.L.I.S., Assoc. Director, Liaison, Education, Interdisciplinary Services
Student Council President 13	Amin Alishahi, MS-4
AHC Assistant Vice President-Education	Barbara Brandt, Ph.D.
AHC, Med School Communications	Brian Lucas, Communications Associate
AHC, Director, IERC	Jane Miller, Ph.D.
Affiliate Organization Rep✓ CH & C	<u>To be appointed</u>
Affiliate Organization Rep ✓ HP	Carl Patow, M.D., M.P.H., Professor, Otolaryngology
Affiliate Organization Rep ✓ HCMC	Tom Stillman, M.D., Professor, Medicine
Affiliate Organization Rep ✓ VA	Kent Crossley, M.D., Professor, Medicine

**University of Minnesota Foundation Medicine and Health Grants
(formerly known as Minnesota Medical Foundation)
for Medical School Faculty
2012/13***

	# of Grants Submitted	# of Grants Funded	Total Funds Requested	Total Funds Awarded
Startup - New Faculty	36	16	\$595,144	\$283,039
Equipment	35	21	\$1,034,839	\$491,937
Bridge	13	10	\$989,175	\$570,000

*Four rounds of application deadlines - January, May, and September 2012, and January 2013