

CUMED 11/07/2016

Meeting was called to order at 8:02 am

**Attended:** K. Diebel, J. Pearson, E. Onello, J. Boulger, A. Shaw, R. Michaels, R. Westra, M. Novak,  
M. Conlon, A. Johns, K. Krasaway, B. Clarke

**Absent:** R. Christensen, K. Nordgren, G. Trachte, C. Weber, R. Harden

**Welcome:**

- Dr. Westra entertained a motion to accept the October 11<sup>th</sup> meeting minutes, Dr. Pearson second the motion: All in favor of approval: none opposed.
- Dr. Boulger asked for the attendance record to be added to the minutes and not a separate document. Attendance record will be imbedded into the minutes.

**CUMED Charge/Reporting Procedures:**

- Regional Dean Termuhlen confirmed:
  - CUMED charge and members are assigned by the Regional Dean
  - CUMED reporting structure is correct. (Ed Council)
  - CUMED reports to the Education Council
- Faculty Assembly does not vote on CUMED activities. CUMED does not intentionally exclude faculty. To move forward, members of CUMED were asked to communicate CUMED topics at their respected department meetings. Faculty opinions are valued and decisions being made by the CUMED Committee are in the best interest of all faculty and students.
- Student Affairs provides an informational report to the Faculty Assembly on their activities. This provides an opportunity and courtesy for faculty to weigh in on discussions.
- Brad Clarke indicated the meeting minutes from the Education Council are posted on the web under the Faculty Resources page for review. In regards to a formal presentation, he is not aware of one.
- The Education Council reports to Dean Jackson. Brad Clarke is not aware of reporting to the All School Assembly. Dr. Boulger inquired why there is no faculty authority/vote on policy changes. Critically important is communication to faculty. It is the faculty whom have the power and is vested for everything. Dr. Westra indicated CUMED members are faculty.
- Dr. Onello, Chair of Faculty Assembly, identified the Faculty Assembly previously voted to recommend a CUMED change requiring a vote by the Faculty Assembly regarding curriculum policies. The vote was 21 yeas, 2 nays and 3 abstains.
- CUMED is a more encumbered process then to have every faculty member's input. CUMED is open to providing information to faculty as a whole but the process of making decisions is within CUMED. The Regional Dean and the Associate Dean for Curriculum support this. Duluth does not always have the same process as the TC, however, policies are a reporting system that must go through both campuses.
- There are many variables for communication and the avenues used do not always get to all faculty.
- Dr. Boulger indicated the Regional Dean is entitled to her opinion that the Faculty Assembly has a non-binding vote, not sure faculty agrees with that. The Regional Dean (at the time of the Faculty Assembly vote) accepted the requirement to obtain the Faculty Assembly vote before moving to Ed Council. What is important is faculty feel they have a weigh in on decisions. As a policy making committee, CUMED needs more than just a Regional Dean's Committee to take a look at things for implementation. CUMED has representation by all departments but the whole faculty has no say in who is on CUMED.

- CUMED does not make policy for the Duluth campus alone. CUMED makes recommendations that move up the chain. In the Constitution, Duluth can vote for two Ed Council members (Dr. Severson & Trachte). There are also Dean appointments to the Ed Council. Dr. Onello will look into when that last vote was done.
- Dr. Pearson reminded members that last year there was late communication on a curriculum revision. One point, looking in the rear view mirror is if we find an issue that will be of interest to the whole faculty, CUMED needs to clarify the representation and decision process upfront with this type of activity. It is the lack of clarity that causes anxiety.
- Dr. Onello does not recall ever hearing CUMED needs to communicate with the Faculty Assembly. It is open to debate what topics are that important to bring to the Faculty Assembly. Changing the grading system may be upsetting to some faculty. Leaving the CUMED happenings up to faculty discussion has not worked.

*Dr. Diebel, Chair of CUMED, wants to make sure CUMED is as transparent as possible. In no way is the CUMED committee trying to exclude faculty. CUMED does have the authority to make decisions. If there is contention regarding that, the Regional Dean should be contacted.*

### **Annual Course Reports:**

- Dr. Diebel placed the Course Director Guide and blank ACR form in the CUMED Google Doc file for review. The available ACR reports for AY 15-16 were also posted for review.
- CUMED is charged to review all courses every year. We need to reinforce and implement this process. As Course Directors we need to give a quick update (3-5 min). Whatever challenges are brought up; members can collaborate as a unit. Dr. Diebel will begin notifying Course Directors of completed courses about completing their ACR reports.
  - Course Evaluations go out immediately after the final exam or last day of a course. Longitudinal courses are more difficult, however, Course Directors can opt to have an evaluation sent out earlier than the last course. Chelsea Jernberg (TC) has been provided with the DU courses, Course Directors and end dates. Brenda and Kate in the Curriculum Office frequently follow-up with Chelsea to insure the evaluations are set up and go out. As a reminder, Course Directors and involved faculty are sent their evaluation findings as soon as the course evaluation closes (two weeks after a course ends).
- For clarification, Annual Course Reports should be completed prior to remediation. The ACR report has variable check boxes to identify who is finished or who is remediating the course at the time the report is being completed. There are other summary reports that will identify were remediated students stand.
- The FOM and CRRAB reports will be presented at the December meeting.
- Dr. Michaels reminded members it is up to the student to contact Scholastic Standing to begin a formalized remediation process. The timing is variable. Remediation can be very fast if the students move quickly. Course Directors walk a fine line until there is a decision from the Scholastic Standing.
- Dr. Michaels added if Course Directors want to begin the process of a remedial exam and push forward, they can. Course Directors need to understand, until the formal letter goes out, things may change. At times, some of the formalities are pushed aside of who is in charge.
- The ACR form will eventually be downsized as enhancements are made in Blackbag. The continued tagging and mapping of courses will allow for adhoc reporting. Until then the biggest challenge is determining actual “student” hours (not curriculum hours).

### **MS II Climate Survey:**

- Marlee Novak, MS II Rep, sent out a Climate Survey to the MS II class based on class chatter/conversations. CUMED members should to take into consideration the student moral of the class is low with the volume of things going on.
- There were 32 lengthy responses. The other half of the class is unknown, however based on the chatter its believed they have some of the same feelings.

Questions asked:

1. The current satisfaction with their medical education (Somewhat dissatisfied: 34.4%)
2. Course content preparing them for the boards (Somewhat dissatisfied: 71.9%)
3. An opportunity to voice your thoughts. (Somewhat dissatisfied: 50%)

Short summary:

1. We like PBL, but we would appreciate a few slight adjustments to greater facilitate our learning.
  - a. Some common adjustments include:
    - i. Clear expectations for independent learning, consider providing faculty learning objectives immediately after day 1. This would allow us to focus our research, rather than spending large amounts of time on learning objectives that end up being very different from faculty objectives. (We don't mind the independent learning aspect of PBL, we just wish it was more focused)
    - ii. Consider a faculty-led summary/discussion/Q&A for each case – so we are sure we presented accurate information/got what we needed out of it --- this would “require” content experts (faculty) to be present, which is rare (especially clinicians)
    - iii. Consider supplemental lectures. General feeling of PBL as a primary source of presenting topics (scapegoat) in order to avoid having lecture on it, leaving learning gaps regarding topics that need more time and attention.
2. Pathology needs to be presented (or at least start) earlier in the course, not crammed into the final week (or two).
3. Greater use of clinicians (overall need for more faculty)
4. Follow USMLE First Aid (students are finding missing content in the curriculum).
5. More thoroughly vetted quizzes/exams – for mistakes/topics not presented
6. We need to feel heard, respected, and taken seriously. Better communication.
7. Examsoft – we should be able to see the question authors – in order to appropriately direct questions/identify learning gaps.

Dr. Diebel heard three themes: PBL structure, course content experts lacking in reviews, ExamSoft issues

- Courses Directors decide if they use PBL and Course Directors should be examining how previous PBL cases have gone in the past. PBL is not a process that can be changed overnight based on the resources it takes. The current PBL's have been vetted and facilitators are familiar with the cases. If PBL cases do not have good organization, a lot of time can be wasted by students.
- The challenges for students is to embrace the process, dig deep, learn everything you can about the case and whatever is missing is part of the territory. This will be a learning method that is used the rest of your time here and is the national trend. At the same time know in the background there are individuals trying to make the process better and streamline the cases. Course Directors and facilitators have a love hate relationship with PBL as well. We have new faculty that will give fresh perspectives as well.
- Dr. Pearson reiterated and thanked Marlee for doing the survey. From both sides it is not about PBL vs. no PBL, it is the process. More faculty can be brought into the wrap ups quickly to give clarity from all sides on the case.
- Course Director should be attending to in all course reports. Otherwise students do not feel they are being heard.
- CRRAB cut 14 hours of lecture hours this year. It can be more focused to have a lecture instead students spending many hours searching to find reliable resources for a case. Students feel dismissed when this takes place.

- The underline tone is students do not mind the PBL, however, the organizational component needs to be addressed. The respective objectives need to be released earlier and the wrap up sessions need the content experts present. We cannot be dismissive of this. Even if our students are doing well on the National Board, students may be doing the extra things to learn the material themselves.
- Dr. Michael indicated historically, students do not whine or complain without cause. If students bring concerns up it's because they are struggling. Faculty may be overriding things in the curriculum and students are having to compensate for that. It is a good idea for all Course Directors to have student reps in a course and communicate with them throughout the course.
- Dr. Michael suggested providing the student course reps with a draft of the ACR to insure information was not missing before the final report was presented to the curriculum committee. (when coordinating the next year's course, Course Directors need to review the prior year ACR, look at the complaints and make changes).
- Evaluation response rates (even up to the GQ) show low responses. Students need to know we are listening and doing something about it. This is actionable on our part. There are 3.5 weeks left of CRRAB II.
  - Dr. Westra make a motion for Dr. Diebel and Dr. Johns to meet with Dr. Trachte on the remaining PBL cases and try to formulate an action plan to make immediate changes.
- Marlee indicated the class has not had a proctored exam in CRRAB II. Students are feeling alone.
- Cases/PBL's should have a standard structure as well as a repository for vetted cases. Dr. Westra indicated this was supposed to be done but nothing has happened. PBL cases could have a rational section at different intersections of a case or at the end as well.
- The GI and HRM course structure is being reviewed to make sure they are organized well.

#### **ExamSoft:**

- To help standardize a process, Course Directors/Clinical Course Directors should be reviewing all chosen exam questions to insure there are no conflicts between lectures and objectives. If a question is in conflict, it should be removed or edited by the faculty who choose the question
- Involved faculty are using exam questions from a question bank. Students are seeing the original author during the review sessions. It is recommended that the faculty using questions by another faculty have their name placed along with the rational for each question. This gives the student contact information of who put the question on the exam. The original author is still available.
- Faculty need to be aware over the years, curriculum roll from year to year. The lecture objectives and the exam questions/rational don't always jive and faculty need to review. Faculty need to own the questions they use to meet the objectives placed in their lecture. This is the contract between said faculty and the students. The learning objectives is what your putting forward.
- It is a faculty job to make sure exam questions are in line with their lecture objectives. If faculty are not looking at this, Department Heads need to know.
- ExamSoft reports are going out immediately after each exam. Faculty are seeing student outcomes on their questions. Do faculty know they need to review low response questions? Do we need to give them a definition of what to do when a question shows low performance? The immediate need is to have rational to all exam questions. The Course Director/Clinical Course Director need to be the last persons to approve the exams. They will work with Kate Krasaway on rationales if they are missing.

Meeting adjourned at 8:58 am. Next CUMED meeting: ***December 13<sup>th</sup> @ 8am.***

*Minutes transcribed by Brenda Doup and reviewed by Dr. Diebel (Chair) & Dr. Johns (ex-Officio)*