

Scientific Foundations Committee
Meeting

January 7, 2011

7:30 – 9:00 am, B-646 Mayo

In attendance: M Becker, A Bleas, B Clarke, A Edverson, B Fleischmann, G Giesler, S Katz, K Lee, E Medina, A Minenko, C Niewoehner, J Norrander, D Powell, D Wangensteen, K Watson, T Weinhaus M Woods

Absent: E Coleman, G Filice, R Hoffman, M Hordinsky, S Levine, T Mackenzie, K Nordby, L Perkowski @ CEC, M Sanders, L Schimmenti, P Schlievert, S Thayer, B Varda, K Wickman

I. Minutes

November 12th and December 3rd meeting minutes were not reviewed or approved, they will be shared electronically and reviewed at the February 4th Scientific Foundation Committee meeting.

II. LCME – Update

Dr. Kathleen Watson thanked the Course Directors for responding in such a timely manner in completing the LCME Database template and topic forms that are being used to gather and manage data that will be entered into a format for the Self Study Subcommittees accreditation tasks. She referred to a set of PowerPoint slides illustrating the School's competency structure. The illustration is directly related to LCME Standard ED 2, which states that Education Program Objectives will serve as the guide for developing curriculum content and the basis for evaluation.

Dr. Steve Katz asked for clarification of administrative roles now that Dr. Lindsey Henson is no longer a member of OME, especially in light of the LCME accreditation that demands additional time. Dr. Watson responded with the names of the OME Directors currently in place and talked about staff taking on more work. Dr. Watson reported that with Dean Aaron Friedman having just begun his new appointment on Monday, January 3rd, there hasn't been adequate time for him to clarify his plan for OME direction. Steps to implement team based functions are in place and will be a part of on-going discussion with Dean Friedman. Dr. Watson also shared that Dr. Henson left a great deal of material related to completing work on the LCME Self Study.

III. Information

Eduardo Medina, MS-2 introduced Natalia Lipin, MS-2 who will begin to serve as the Student Council representative for the CC for the remainder of the 2010-11 academic year.

Education Steering Committee (ESC)

The ESC is a subcommittee of the EC and has been the Committee that has approved and made recommendations for revising the Curriculum. With Dr. Henson's leaving the ESC has been reorganized and Dean Friedman has asked to reconfigure the team with Dr. Kathleen Brooks as the new Chair. The Committee will hold a retreat and one goal of the retreat will be to look at the role of ESC and how it will fit with the other education committees. Dr. Niewoehner asked for clarification regarding the flow of responsibility between EC and ESC. Dr. Watson agreed the role and structure of the relationship between the two Committees is unclear and is one reason Dean Friedman is asking for a comprehensive discussion. She also noted that these questions are directly related to the LCME ED Standards and the central oversight of the curriculum. Day-to-day course and clerkship activities are continuing; there are many ways feedback is being sought, provided and received. Eyes and ears of faculty, students and staff are actively working to understand how the new and old curriculum formats

are working. Electronic feedback from faculty advisors, course directors and students is ongoing and give OME information that is invaluable for monitoring how students are doing and allows us to address concerns that arise.

Kudos: Anne Minenko/HD-2

Both Drs. Watson and Niewoehner have received high praise for HD-2 from students. Dr. Watson shared that she has visits from students who want to enthusiastically commend Dr. Minenko for the wonderful learning experience they have had in her course. The information included comments on her responsiveness, hands-on interactions, concreteness, on-sight, and easily accessible through email with immediate feedback and responses. Her request to Dr. Belani to hold the anesthesiology segment, scheduled for the last day of the course, as a “closing of the Olympics” event, was met with great enthusiasm. She reported as a result of the design of Dr. Belani session, the integration of pharmacology and its application in anesthesiology was much more apparent, visual and easy to grasp. Eduardo Medina, MS-2 talked about the format for their last session, where they participated in 3 different anesthesiology stations, with simulations, use of localized anesthesiology and hands-on use of equipment. Students felt invigorated and welcomed the active and engaging session. In response to questions about her methods and involvement in the course, Dr. Minenko reported the energy and success involved a cast of many faculty and participants, as well as a very stable work life allowing her to dedicate 9 weeks to doing whatever was needed to make it a good learning experience. Natalia Lipin, MS-2, added that the very positive conclusion of the HD-2 course rings true throughout the entire course, helping the Yr-2 class to transition from the more difficult time they experienced in HD-1 in regard to their stress level. The HD-2 experience has set a good feeling among students to begin HD-3.

IV. Update

Year 1 & 2 Exams

Dr. Watson gave a brief overview of what has occurred to this point with the “Grading” policies. The EC approved a new policy for grading on November 16, 2010. The Policy at that point was 70% overall for passing. This turned out to be a premature call for the Year-1 courses whose course directors were not aware of that and who syllabi did not reflect it. The Fall Semester operated under the old policy which was that the syllabus determines the grade. Dr. Wes Miller is the new Chair of the Education Council and the EC leadership have met and viewed the November Policy. They have looked forward at the current Year 1 and 2 courses and at the Spring Semester courses that remain unchanged; with overall grading posted in the syllabi and that is consistent with the new EC policy which is 70% of all points overall is passing. So going forward the course syllabi currently for Year 1 and Year 2 reflect the November, 2010 EC policy and that is the on-going policy. Dr. Woods stated that the version that EC passed in November is the version that is currently standing. The EC passed the Policy with a decent over the mid-term, which indicated that if passing the midterm was required the grade for the midterm could be changed on the transcript, which is against University policy and practice. The Policy was taken back to this group in December with the midterm language removed and this group agreed with that version. It was clarified that no re-exam was required for those who got less than 70% on the midterm but passed the final exam. It will go back to the EC as an informational item as a technical change. Dr. Woods reported that Leslie Anderson is reviewing all syllabi that have been submitted to be sure OME understands what course directors have stated to see if any clarification is need and to make sure that everyone is in line with the Policy. It was also clarified that grading is not to be done on a curve.

V. Discussion

Medical Student Performance Evaluation (MSPE)

At a previous SFC meeting discussion focused on whether to recognize excellent performance in courses should be named “honors” and whether they should be included in the MSPE. To aid in the discussion for how “honors” are currently addressed, Dr. Kathleen Watson provided a “sample” of an MSPE from 2007. The format was designed by the AAMC as a chronological evaluation and comparison of school based peers, based on Year 1-3 (MSPE is generally written at the beginning of Yr-4). Included in the document, is an assessment of their academic and professional attributes. She noted that it is provided to residency program directors electronically through Electronic Residency Application System (ERAS).

Dr. Watson described the format of information that appears in the MSPE noting that universally unique characteristics are included in every MSPE and every student’s contains their academic history; graduation date, leaves of absence, remediation or repeating of courses, and if any gaps in attendance occurred. Adverse actions are of high interest and might include 1 serious disciplinary action or dismissal. With regard to this area there is no uniformity on a national level.

Academic progress is carefully reviewed, which includes Year 1 and 2 basic science work, Step 1 (plus Step 2 if available), honors currently include Yr 1 & 2 honors, those elected to AOA in Yr-3 and usually AOA for senior students. Comments from clerkship rotations are included. Most residents and faculty when completing grading for rotations include comments through the E*Valu system. These are fed through the electronic system and are transferred to the MSPE format. The summary paragraph is written by faculty advisors and the summary paragraph is very important. Appendices are included and are grade distributions within clerkships, generally for the most recent past two academic years, for comparison with peers within our School. Throughout the process clerkship grades and comments continue to be chronologically merged into the MSPE document.

Dr. Watson reported that recently she spoke to internal medicine residency program directors to respond to their questions about the value of the MSPE for use by programs in resident candidate selection. She informed them the format is not specialty specific and reiterated that it isn’t a letter of reference. She referred to an article from March, 2009 from Academic Medicine looking at residency program selection criteria for residents. The articles rank what information residency program directors review for ranking candidates, results overall show that grades, the performance in clerkships and Step 1. The MSPE is often used to review comments from clerkships are helpful and are most revealing. Discussion is being held at a national level to determine how to improve what is represented in the MSPE. In context the Board scores are a representation of knowledge and ability to demonstrate that in a test setting and they are used for screening, but nationally program directors want to know how well the knowledge is used in the clinical setting.

The question raised is what honors should appear in the MSPE the following points were identified:

- Duluth has in the past had grades of “honors”, “excellent” and “satisfactory”, to accommodate both campuses, the transcript has represented the honors in MSPE’s
- Duluth and TC now have the same grading scale, for LCME purposes the two campuses should be the same
- Duluth would like to consider year 1 and 2 overall honors
- if this group overall honors for years 1 and 2 at 20%, then a recommendation needs to come from the SFC members
- After reviewing what is currently being represented in the MSPE, a broader discussion specifically about representing course honors needs to take place
- National findings are that their value is not being recognized in the realm of residency programs directors review process
- the question is whether individual course honors be given and should they be represented in the MSPE
- some faculty said yes, it’s important to encourage people to learn the material

- some faculty agree mentioning it in the MSPE is fine and support continuing the practice
- students ask questions about the process, ask to be considered, they seem to try harder
- students feel there's an expectation that achieving superior knowledge
- across both years where superior performance occurred
- possibly rename them
- it isn't feasible to identify content areas
- some faculty feel it is up to the course director
- Dr. Watson noted granting honors is the choice of the course director for the course but a consensus is needed to determine what should appear in the MSPE
- a faculty recommended that broader recognition of excellence cumulatively in years 1 and 2 is more representative than course honors in a course
- students want to know if they did well in a course
- somewhat false acknowledgement because residency programs want to know how well they did in all of their courses
- specialty reviewers would possibly be more interested in specific courses
- for students who stand out in neurology, clinical years is where more specific value in learning specialized knowledge exists
- faculty recommended that the MSPE represent all of a student's competencies
- knowledge being represented in the Boards knowledge expertise
- faculty noted that a student's excellence in a specific course would be lost if not stated in MSPE
- achieving excellence in a list of 5 courses, without achieving AOA may raise red flag
- honors in 4 or 5 basic science and only passes in all of the clerkships; may be seen as an inability to apply knowledge in a clinical setting
- highlights discrepancy in performance in the two different settings
- indicate more about the students' abilities
- with a P/F curriculum it allows the students to see where they were able to excel which is a value for individual student
- because students are now evaluated on small groups, participation, peer interactions, etc.; it was suggested to use a broader measure for earning excellence in a course
- unchanged courses have a greater number of points used for grading and faculty do not see how a broader measure applies to their process for grading

Based upon the past practice to use the MSPE to represent a broad performance both academic and professional of medical students' accomplishments in four years, Dr. Watson stated that the course directors should decide what they want and it will be applied to the MSPE where possible. And to the degree that it can be represented from day one of medical school we are advantaging our students if we tell the program directors what we are doing.

The variations in course content causes concern that it can be uniformly applied across courses. Dr. Watson recommended that the a larger group review the questions from this discussion for the following reasons; honors in all courses would amount to years 1 and 2 essentially being graded, as well as other implications for other courses not represented at this meeting. Also the MSPE process will not change until May, 2011 for the class of 2012. It is recommended that the consensus of the members in attendance is to maintain honors for overall years 1 and 2 at the 20% level. With a lesser consensus there is another push to have all individual course honors reflected in the MSPE at the level of 10% to 20%, which includes HSF, ECM and SMP (course honors).

Next Meeting:
Scientific Foundations Committee – February 4, 2011