

Scientific Foundations Committee
Meeting

July 8, 2011

7:30 – 9:00 am, B-646 Mayo

In attendance: S Allen, L Anderson, A Bleas, W Donigan, A Edvenson, B Fleischmann, S Katz, K Lee, C Niewoehner, J Norrander, J Pacala, M Sanders, L Schimmenti, P Southern, D Wangensteen, K Watson, T Weinhaus, K Wickman, M Woods **Guest:** Benjamin Braus (MS-2)

Absent: M Becker, B Clarke, E Coleman, G Filice, G Giesler, M Hordinsky, A Johns @ CEC, T Killeen, S Levine, T Mackenzie, A Minenko, K Nordby, J Pacala, L Perkowski, D Powell

Minutes

Minutes for June 3rd meeting were reviewed and approved with no changes or additions.

LCME

Update

Mock Visit Dates

October 2nd - October 5th

Basic Science Courses

October 3rd Year 1 1:00

October 3rd Year 2 1:45

Dr. Watson reported that there are three consultants who will be involved in the LCME “mock” site visit in October. Their schedule includes one individual spending time on the Duluth campus as well as the TC campus. This model will provide feedback regarding gaps in the LCME database, collaboration between campuses and areas where additional in depth information about the curriculum and delivery of content is needed. She requested that Course Directors mark their calendars and attempt to be as available as possible for the interviews that will take place. Course directors will receive preliminary information to prepare for the mock site visit. At this time the LCME Steering Committee is reviewing the Subcommittee reports, once the strengths and weaknesses are determined there will be more preparation information available. Much of what course and clerkship directors will be addressing are the ED questions as related to the courses and clerkships. The timing of the mock site visit is being finalized and addressing the questions is on-going work. Objectives for some courses are still needed to complete the database.

Dr. Watson added that Dr. Perkowski is continuing to work on completing the LCME database and has requested additional information. Course directors were asked for examples for where competencies might be assessed in the Curriculum, feedback included the following:

- Utilize technology to enhance the practice of medicine and the delivery of healthcare services?
 - FCT – required to use on-line resources to find the most current information to use in providing healthcare
 - Use of clickers allows frequent assessment of students’ grasp of curricular content occurring in a course(s).
 - Short paper requiring database exploration of clinical trials through PubMed, etc.
 - Microbiology lab requires students to find a paper relevant to their lab studies and to write a short synopsis.
 - Summer session Physician and Patient course requires students to do a small group research project. An example includes providing a cancer biopsy result and requiring students to research the type of cancer and treatment options. They are required to develop a presentation of their findings and to deliver it to the other small groups.

- Moodle based courses require students to participate in case discussion to learn how pathophysiology applies to the treatment of disease, content is included in assessments.
- Demonstrate understanding of the ethical, legal, professional and social issues implicit in the responsible design and conduct of research.
 - Session in ECM cover informed consent and HIPPA
 - There is translational research content in the POC portion
 - Infection disease of Human Disease Three, focuses on these points, i.e. Herpes virus
 - Principles of Pharmacology specifically addresses FDA regulatory research ethics
 - Cancer research ethics is an aspect of Human Disease 4
 - Use of placeboes in research is covered in Human Disease 3

Information

Objective Mapping Process

Dr. Majka Woods reported that Brad Clarke and Whitney Donigan are working to finish the course objective mapping, to provide required information for the LCME database. There are some courses that don't have objectives yet. All course directors will receive a letter with an attachment that is specific to their course. For the courses that do have data, directors have either supplied the information or staff have taken information from course Moodle sites, in an attempt to use it to determine objectives. Whitney Donigan discussed the data form each course director will receive. She noted each course objective has its own page; which includes the Competencies and Sub-competencies. What is required from each course director is to map each objective to at least one Competency and Sub-competency. Some objectives will have more than one and can be mapped to as many as apply. The form is interactive, once all objectives are mapped the completed document goes back to Whitney, by Friday, July 15th. The second phase will be to link each of the session objectives to the course objectives. This portion of data collection will have a longer time-line for completion, due approximately a month after course directors receive them. Worksheets will be split up by discipline and staff will populate as much as possible before sending them to directors. Brad and Whitney will offer support to help make the process as easy as possible, please contact them for assistance. Dr. Niewoehner recommended course directors set aside adequate time to complete the needed data.

Annual Course Reports

Physiology

Dr. Wangenstein and Dr. Katz co-direct this course. Dr. Wangenstein pointed out that the class for 2010-11 included 170 medical students, 50 physical therapy students and 9 graduate students primarily from Physiology and Pharmacology. The course remained very similar to the format of the past several years. Areas of change included adding a Moodle web site, 2 lectures covering metabolism and nutrition, and Moodle quizzes as part of the course score. Faculty who teach Physiology have remained the same as in the past ten years. Dr. Wangenstein noted understanding of basic physiological principles is necessary for the Pathophysiology course in Yr-2. The course covers a number of systems, which include cardiology, respiratory, GI, renal, and energy metabolism.

Evidence that course goals are being met include strong performance by students on quizzes and exams. The course mean was 85% of the total available points and the highest attained score was 184 of a possible 189 points. No student failed. Students gave the course a high overall rating, with 100% agreeing that overall, they acquired a basic understanding of the subject area.

Dr. Katz noted areas that are going well in the course, which include the following:

- In class use of clicker questions worked well (newly added).
- Nutrition/Metabolism class presentations were well received (new addition).
- Moodle quizzes following lab/demo sessions were well rated (new addition).
- Cardiovascular and Renal sections were very highly rated by the students.
- Organization of the class was highly praised by the students.
- In class discussion improved

- Use of on-line textbooks (biomedical library e-books) worked well.
- FCT case coordination with Microbiology, Neuro, and ECM.
- Wangenstein and Katz served as co-directors of the course.
- Class survey results were collected promptly and returned to teaching staff.

Dr. Katz recommended using the Bio-Med Library web site to locate the e-book resources that are now being used in Physiology. They're readily accessible to faculty and students and save students a substantial dollars. Students appreciate that e-texts cover topics more succinctly. FCT cases were written to integrate between and across disciplines. Faculty weren't aware of topics being covered in other courses, at a given point in time. Dr. Niewoehner recalled that it was recommended to not inform students of when or where the cases would fit into the course schedule. Dr. Katz recommended revisiting that aspect of FTC to make them more relevant to what occurs in lecture, Dr. Pacala concurred.

Areas of concern to address include

- Better coordination of timing of all spring summative assessments throughout the semester.
- Students should be given more chances for summative assessment.
- As a result of the scheduling, too much material had to be presented during the 2 weeks before the final exam. There were 10 lectures, one demonstration and a Moodle quiz due at that time.

Changes you intend to make for the next academic year.

- Add one summative quiz/exam.
- Coordinate the schedule of quizzes and exams with Neuroscience and Microbiology.
- Establish criteria for awarding honors, not solely based upon quiz/exam scores.

Discussion continued around developing new criteria for an "honors" grade. Dr. Katz stated they haven't finalized anything specific for the new "h" grade. Leslie Anderson reported that the HD2 course directors, who are considering a percentage of the class as the method to determine "h", feel they have established a criterion referenced basis for P/F and from that practice, should be able to arrive at an appropriate percentage of the class for an "h" grade. Discussion between course directors continued regarding a standard percentage; for several courses 15% was suggested as appropriate.

Dr. Pacala requested a schedule of FCT case topics be made available to course directors. He noted it would not have a significant impact on the positive experience students have. As a facilitator, he felt it would be helpful for faculty in ECM to have a list of when the cases occur and what basic topics are covered. Dr. Flieschmann has rewritten each case based on feedback from facilitators. He has given the new revised cases to Curriculum staff (Dr. Woods and Brad Clarke, and the course manager). Dr. Woods reported that 2 clinicians have been approached to become co-coordinators for the FCT cases; to work with Brad or with a basic science faculty person. She and Dr. Watson have spoken with Dr. Flieschmann and report that the FCT Cases are ready for the 2011-12. Dr. Woods also noted that Brad has place-holders for them in the schedule. The following suggestions and information were identified:

- A list of the cases will be made available to all of the course directors, for their use to facilitate how cases fit with their courses.
- Ali Hemphill has been assigned as the FCT Course Manager.
- More facilitators are being sought; last year there were 20 for Yr-1 and in Yr-2 there were only 13. Effort have been made to keep small groups throughout both years at an optimum size.
- Students prefer not knowing the case topic ahead of time.
- Students do recommend appropriate background coverage in lectures before the correlating FCT case is introduced (want no specific identification that the 2 are linked).
- How FCT exam questions are organized is not decided.
- It is important that the FCT case facilitator and the correlating course director communicate to be aware of each others timing and provide notice for when its being taught and what is taught.

- It was recommended that the mapping information for FCT cases be treated the same as courses for which data that is being mapped.
- There was discussion of re-titling FCT cases and how changes would affect the learners.
- Coordination need between HD courses regarding coverage of metabolism.

The suggestions and requests will be provided to the individual(s) who will become Director of FCT.

Discussion

Conflict of Interest

Benjiman Braus, MS-2 presented a proposal to require faculty to disclose areas where they may have a potential for Conflict of Interest. The proposal is from the UMMS medical students with relevance to a national campaign for disclosure by members of the American Medical Student Association (AMSA). The proposal reads as follows: “**The UMN Medical School should require instructors to provide medical students with information about their potential conflicts of interest**”. Mr. Braus provided details to support the proposal based upon student feedback. Students recommended several options for format to standardize across all faculty, including specific language and what should be covered in faculty disclosure. Specifically they recommend disclose take place at the first lecture of a new topic using the second slide of their presentation (this may mean one faculty member would have several variations in their 2nd slide). The term “second slide” determines that the disclosure should occur at the beginning of the first lecture. Mr. Braus provided several ways the information could be structured and what information is most preferred from a student point of view. The following are points of information students include in their request; name, credentials, where employed, affiliation with U, financial disclosure, companies supporting grants/research, name of speaker’s bureau, professional funding, discuss diseases or treatments relevant to their funding. Reasons students support a disclosure of conflict of interest are it’s a professional obligation, good pedagogy provides opportunity to help students developed skills to assess information with a critical eye regarding the relationships between medicine and industry,

SFC members voiced their questions regarding the depth of the information included in the request. Their questions focused on how well informed students are regarding the different types of agreements/relationships with other organizations and companies and what each type can mean? Dr. Pacala reported that there is a session in ECM that does cover information. Feedback identified that the request would also require a fair amount of information around background and expertise. This can interfere with delivery of course content. In courses and lab sessions with a large number of small group facilitators the requirement would be very cumbersome. It was established that giving credit on all slides is common practice. In general students see conflict of interest in lunch lectures that are done by outside individuals, who do use the 2nd slide as their method of disclosure. There are a few that don’t disclose, which then is concerning once their bias or interest filters into their presentation. Under these circumstances students begin to wonder about the the information presented. In these cases students strongly recommend disclosure be required. It was suggested that the brief speaker bios, expertise and affiliation information could be included in the Moodle format as part of the course materials found at the site. Briefly staff talked about the value of “feedback cards” to help identify when lecturers cause students to be With regard to the categories of speakers that are not within the Medical School or even the University, it isn’t always possible to establish disclosure using a standard set by the Medical School. Dr. Pacala gave several examples of scenarios that would be difficult to hold to a specific format. Several course directors noted that many of their lecturers cover one lecture only. Dr. Watson noted that there are several approaches to respond to this request and asked SFC members what minimum level is acceptable to faculty and would be workable. Dr. Niewoehner proposed as a beginning point, establishing a disclosure standard for the lecturers from Medical School departments, with the understanding it can be amended if it isn’t adequate. The SFC members will set minimum standards designed to work for faculty, a line will be added to the feedback cards; with a plan to measure after a set of courses are complete, how well it works.