

## *Scientific Foundations Committee*

*April 6, 2012*

*7:30 – 9:00 am, B-646 Mayo*

***In attendance:*** L Anderson, M Becker, A Belzowski, A Blaes, E Coleman, A Edverson, G Filice, S Katz, R Kempainen, K Lee, A Minenko, C Niewoehner, J Norrander, D Powell, D Power, M Sanders, L Schimmenti, P Southern, D Wangensteen, K Watson, T Weinhaus, K Wickman ***Staff:*** Jill Eck

***Absent:*** B Clarke, G Giesler, T Mackenzie, J Pacala

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### **Synopsis of April 4th SFC Meeting (see details of full discussions below)**

#### ***CEC and SF C Joint Session***

##### **LCME Update**

As follow-up to the Site Visit based upon the Team's feedback; Dr. Kathleen Watson thanked students, course directors (very well prepared), faculty, and department heads for their hard work, high energy and commitment to UMMS and its mission; qualities acknowledged by Team members in their Summary. She provided a synopsis of the Site Visit Team three-page summary. Linda Reilly received accolades from the Chair of the Site Visit Team for her exceptional efforts in completion of the data base, documentation, and in coordination of all aspects of the logistics of sessions and participants across both campuses throughout the entire Site visit. Dr. Watson reported on the summary of the Site Visit Team's findings, which were presented to President Kaler and Dean Friedman. Details of Summary topics can be found in **Discussion** section below.

#### **Information**

##### **Medical School Graduation**

Dr. Kathleen Watson announced Commencement for the Medical School Class of 2012 is scheduled for Friday, May 4<sup>th</sup> at 3:00 p.m. in Orchestra Hall (due to construction and renovation in progress at Northrup).

Dr. Niewoehner introduced Dr. Eric Brown who is taking over from Dr. Tom Mackenzie in the Human Behavior course.

##### **NBME**

Course directors have the opportunity to review, under supervision for an hour, the NBME subject exam questions. The session provides time to examine the types of questions rather than content. Individuals are required to sign-up to have an access code, and the session will be supervised. No materials are permitted in the review area. Leslie Anderson noted it is for course directors and all faculty involved in teaching our courses. The review demonstrates how to format questions and the types of questions students experience when taking Step I.

#### **Annual Course Reports**

##### **Human Disease 3 (HD3)**

Dr. Catherine Niewoehner (HD3 Course Director) provided details of course content as follows:

Endocrine and Reproduction: Pathophysiology, Pharmacology, and Pathology

Kidney and Urinary Tract: Pathophysiology, Pharmacology, and Pathology

Infectious Disease: Sexually Transmitted Diseases

Laboratory Medicine related to the above

Dr. Niewoehner reported the course runs for 8 weeks, 7 weeks of class and exams are held during the 8<sup>th</sup> week. The final exam is given in 2 parts; written and the lab practical. Grading is based on small groups, lab sessions, small group equivalents-patients in class, Moodle quizzes, mid-course lab practical quiz, written final and the lab practical (see “detailed discussion” for grade components). Small groups were not assessed for the level of clinical knowledge; the main focus was exchange of information and to create an environment for the process of participation without concern of an incorrect answer or concept. Students scored the value of the small group activities as very high.

### **Human Disease 2 (HD2)**

Dr. Anne Minenko HD2 Course Director, provided an overview of the course content and the objectives reporting. It runs for 10 weeks and is the longest course in the Year-2 curriculum. It includes 10 medical and surgical areas of study including rheumatology, orthopedics, psychiatry, neurology, infectious diseases, ENT, ophthalmology, dermatology, pharmacology, and pathology. There are 360 instructional hours included in HD2 and these hours are divided into ILT, small group seminars, labs and clinical skills sessions. Topics are organized throughout nine weeks of the varied sessions, with the exam taking place during the 10<sup>th</sup> week. The topics areas are organized in themes, i.e. sleep and snoring week and tumor week, etc. To promote independent study and to create anchors, each week concludes with an electronically scheduled formative assessment (see HD2 handout for a list of specific assessments).

The primary goal of HD2 is to prepare the student for the heavily clinical 3<sup>rd</sup> year of medical school training. HD2 is guided by the Medical School Program Principles, -- integration, interactivity, clinical problem solving, and professionalism, as well as respect (especially for student baseline of knowledge), cost control, iterative improvement through feedback and enduring value creation (i.e. faculty development). Dr. Minenko’s report discusses outcomes, concern and planned changes for AY 2012-13. For additional presentation details and discussion points, please see more information about the HD2 ACR included in the “detailed meeting discussion” for April 6<sup>th</sup> and refer to the ACR posted on the SFC Moodle page.

### **Best Practices**

Dr. Niewoehner noted that last year there was no difference in use of ILT for class preparation. This year for small groups students in HD3 were told in advance the components they would be graded on; evidence of prep, evidence of participation and professionalism and it has helped that they knew these components in advance. This is the first class where students are completely linked to the new curriculum and work together more throughout the year, which may have helped enhance their experience. Giving students clear information as to expectations is important. One small group session involves having a case to work through where they have to determine a differential diagnosis. Students participating in today’s meeting reported that case based work with all available data has been very valuable. Students have been told they are expected to participate verbally. Dr. Niewoehner reports it’s important for them to recognize that it’s OK to not to know the answer in this small group setting, as long as it’s apparent the effort is genuine.

### **April 6, 2012 -- Meeting Minutes (continued detailed discussion)**

#### **Discussion – LCME Site Visit Summary**

- Institutional progress gained in combining the previously separate education programs in Duluth and TC to a program with a comprehensive mission statement. Duluth campus maintains its focus in educating primary care and rural health providers and Native American physicians.
- High turnover rate in leadership positions and the number of these positions still open. A citation may be received in relation to leadership questions (are we in compliance, out of compliance, or do we require continued monitoring in specific areas). Previously cited for this specific issue and several associate deans who have been recruited to other schools. The scheduled external review of the AHC structure is a positive process to clarify the big picture of UMMS’ organizational structure .

- Our educational program has made significant progress toward development of an integrated curriculum, with emphasis on active learning and self assessment. Outcomes for the new curriculum are uncertain and require future data to measure impact of the new curriculum.
- Assessments are in place to provide data and a period of time is required. After appropriate period of time has passed the data will be available to determine the outcomes.
- Summary acknowledged strong emphasis on active learning and self-assessment included within the new curriculum. Year 1 and 2 course directors noted curricular review across courses and campuses will be implemented through Black Bag. Duluth faculty responded with focus on EC oversight of the entire educational program ensures adequate coverage of the topics and of two distinct separate tracts with equivalent outcomes.
- Summary noted the successful development and implementation of Black Bag at Duluth but not yet actively in use on the TC campus.
- Debt load for UMMS students is the 4<sup>th</sup> highest in nation compared with public schools and financial aid is available to students. Efforts to increase assistance have not successfully ameliorated problem. MMF continues work toward raising \$100,000,000 goal to address student need. The Financial Aid staff responded to questions regarding distribution of funds. Students were not asked about debt issues in their sessions.
- Learning Environment Dr. Sirio, the Site Visit team leader, in numerous sessions asked about the learning environment. The question asked is LCME Standard MS 31A and in the Summary indicates the following “the current system of monitoring and assessing the learning environment is heavily dependent on student reporting of issues, especially at the clinical sites. He wrote “there does not appear to be a formalized or structured process by which the School works directly with the clinical sites to proactively ensure the quality of the learning environment to explicitly promote development of appropriate professional attributes.” Clerkship directors reported being asked a similar question and in their session, Dr. Sirio indicated that ACGME plans to do an internal survey of the learning environment for residencies and how they operate, giving medical schools data to allow them to be selective about using sites with higher ranking in their inter professional environment. A new ACGME requirement to actively monitor interactions learners have while training to ensure appropriate professional behaviors are being modeled.
- In the student interviews the focus was on harassment and mistreatment, as well as asking if their voices are heard on rotations. Questions related to whether students are able to communicate with attending and clerkship directors to voice their concerns or questions. Students were asked if they were assessed by nursing staff or if they had the opportunity to assess nursing services. It appears they are looking for a broad level of communication; from the CEO to staffing teams. This approach would have students involved in an extensive evaluation process.
- With regard to faculty positions at the Duluth campus, the Summary states they are currently adequate but retirement and other attrition could become create problems. It was recognized there are ongoing recruiting activities taking place to address those concerns about future faculty. Duluth was asked about any additional contingency plans; Dr. Johns provided information regarding faculty from the TC campus who are fulfilling teaching responsibilities in the current academic year. This level of collaboration has given the Duluth program added depth in their curriculum.
- Another result indicates that junior faculty expressed a need to have faculty development presentations relate more closely to work life and complex schedules. Generally they felt adequate development had taken place. There was a mention of no time in clinical scenarios for faculty to get time off to attend development sessions. Possibly providing more on-line faculty development will better fit their needs.
- The Team showed great interest in the Black Bag learning management system and while in Duluth asked detailed questions regarding its capabilities.

**Next Meeting, May 4, 2012**