

Scientific Foundations Committee

June 7, 2013

7:30 – 9:00 am, B-646 Mayo

In Attendance: S Allen, L Anderson, A Belzowski, A Blaes, J Chipman, B Clarke, E Coleman, A Edverson, G Filice, S Katz, A Minenko, B Nesbit, C Niewoehner, J Norrander, D Powell, M Ramey, M Rosenberg, D Satin, L Schimmenti, P Southern, D Thompson, D Wangensteen, K Watson

Absent: M Becker, G Giesler, R Kempainen, T Weinhaus, K Wickman

Minutes

Minutes for SFC Meeting, May 3, 2013 were approved with no changes or additions

Announcements

Scientific Foundations Committee will not meet in July, 2013

Information

Black Bag Update

Dr. Majka Woods noted there is a priority to establish Black Bag as a curriculum management tool that will meet the needs of scientific foundation faculty and course directors. SFC members will receive information as the becomes more possible.

Integration Update

Dr. Jeff Chipman reviewed steps taken over this academic year in the process to integrate the UMMS curriculum across both the Duluth and TC campus':

- the IWG members worked through a process to understand common perception of integration and reached consensus that *Integration* is a process with the idea to work in phases;
- the Group developed a set of short and long term steps

Short Term

1. Institute Dyad model for course directorships
2. FCT Cases to be readdressed to become more connected to SF Curricula as model for integration
3. Work with Black Bag to create a model for searching that improve course directors' ability to use it as an integration tool, i. e. search (key word search and/or naming convention)
4. Create faculty development around integration topics -- co-teaching and dyad

Medium Term

1. Create Module Leader who is responsible for integration of diabetes across classes
2. Create a working group to develop overarching diabetes objectives
3. Transform SFC into a working group.
4. CEC to work with SFC and CEC around topic of vertical integration
5. Develop timeline for where, when and to what degree diabetes is covered in 4 yr curriculum.

The most recent focus in the area of the dyad model is a request for funding to support and develop the physician side of co-teaching. For AY13-14 the goal is to have several dyads actively in place. A grid

is being created to list all courses taught in the Duluth and TC Medical School curriculum. This will aid in identifying where integration happens within courses on each campus.

Dr. Katz (SFC Chair) supports the idea for SFC to serve as an active work group in determining how to move integration forward among courses on the TC Campus, in practical ways. There will be work in the near future to integrate the FCT cases; work on improving the cases did take place over the last year. The focus will be to ensure that all individuals teaching in Yr-1 and Yr-2 know the content of all FCT Cases and when each case occurs. Establishing this as a base-line across all courses will allow the cases to merge into the Curriculum as was the intent when they were designed. An added goal is to establish an abstract for each case that teachers will have access to for their use as a guide to align content and timing with each case.

Annual Course Report HD4

Dr. Anne Blaes, HD4 Course Director provided information about the course structure, noting its purpose is to teach the pathophysiology of the gut and blood; also included are aspects of pathology and pharmacology. This year a couple of the FCT cases were revised to bring together common themes. One to really focus on colon cancer and the other liver disease.

The course is designed around lectures and small groups which emphasize teaching key concepts. There are a good number of small groups and there was some feedback that there may be more than necessary. The pathology labs are setup to be interactive, but that timing depends on who is facilitating a specific lab. There are some interactive large group sessions that focus on infectious disease. Assessment consists of quizzes before small groups (non-graded) but available for self-assessment; along with some old exam questions. The final exam (with practical and written) account for 2/3 of the grade, with small groups and lab attendance to complete the other 1/3. Feedback to students who are doing poorly on the quizzes (students getting a 0 or 2 out of a 3 point possibility) receive an email from Dr. Blaes to offer guidance and/or assistance in areas where their performance indicated they need help with the course. Overall students reported they felt comfortable with this structure and understanding they were responsible to be know the material for small group sessions. Students rated understanding the objectives and the core knowledge at 4.2. and that the assessments appropriately tested the material taught in the course.

what went well

- combined pathology and pathophysiology lectures ,students appreciated reduced redundancy
- Dr. Blaes' level of involvement
- small groups are a highlight of the course; they are well received, students enjoy the interaction

areas of concern

- students enter HD4 with a poor understanding of the basic physiology of the gut
- students prefer to have lectures prior to small groups
- students felt diverticulitis, postop ileus, prophyrias need better coverage
- Lab groups A/B were not flipped after HD3, students felt they should be flip flopped
- in the review students indicated they do not stay for the 2nd ID sessions.
- prefer fewer lecturers, rather than "experts"
- ID continues to be a frustrating aspect of the course. some sessions are great, do not like large group interactive sessions and many do not go to class
- GI section could use better organization particularly in ordering small groups and lecturers, and in having some lecturers simplify their slides (GI motility)

Course changes

Describe changes planned for the next year:

- Reorganize lectures/small groups to have a lecture prior to each small group
- GI will be spread out farther across the course, not all the first 3 weeks.
- Combine the malignant transformation/colon cancer lecture; add 2 patient cases
- Add midterm; given as an online self-assessment tool, will receive points for taking the exam, will not be graded on their performance
- Consider flip/flopping labs A/B or requiring ID sessions
- Determine how to provide formative assessments as required by LCME. Currently students have quiz based self-assessments, if not doing well on them, each is contacted by Dr. Blaes.
- A GI basis scientist (TBD) will be added to the course to help augment the GI curriculum and to enhance the basic science interaction and correlation
- The small group attendance requirement needs to be revisited, not consistent across HDs.
- Requests to take the exam at another time needs to be revisited

The small group attendance requirement needs to be revisited. This is not consistent across HDs. It results in a multitude of emails to the course director requesting an excused absence for conference presentations, illnesses, etc. Requests to take the examination at another time need to be revisited. Multiple requests were received within the few days before the exam including the morning of the examination. Suggestions to address the above issues with absences included:

- use an honor system
- require to complete form with details of why
- what required class events will be missed (inform they will not receive points, create list)
- points do affect "honors" grades
- other course directors have flexibility depending on the reason for absence
- if course director has governance over absences it gives an opportunity to identify who may have been out for an illness (or personal emergency) and might need extra help
- establish a firm absence policy early in course

Dr. Blaes reported a larger concern is when students decide they want to take the exam at a later date because they are unprepared and are feeling they will not do well. Faculty advisors, in assisting students who are struggling, advise them if there is a personal crisis taking place to not take an exam if they are at risk of failing. Their position is that if the student fails, advisors cannot help resolve that failure in the same way they can when the student doesn't take that exam. Further discussion focused on abilities students gain in working through the issues (with advisor, Dr. Becker and course director). Delay in taking the test causes a disadvantage to the students who take the exam on schedule. Further the issue of taking exams late is not apparent to all course directors, this needs to be reviewed by advisors.

ECM-3 Longitudinal

Dr. David Satin provided an overview of ECM and spoke in detail about the more longitudinal portion that he is involved in directing. This portion is organized in what is approximately 13 different courses in ECM. The courses as a whole runs across 2 years, he works with them both in Year 1 and Year 2. It also includes the Process of Care Clerkship and has a Wednesday Longitudinal program in A, B, and C.

Student survey numbers have shown there has been improvement in their perception of the course over the reactions of students in previous years. Dr. Satin attends all course sessions which has been valuable

in understanding the course before he was involved and now as additional changes are required to improve the educational experience for students. He has found that the better organized the course presentation and structure is, the less likely they attend. The can get what they need from the electronic/online version. Also if this is the only thing they have to attend on campus, they choose to not attend (students prefer to use their time to study, not in transit from home & back again). Depending upon the learning goals for the in-person session the may not be a problem, if it is to hold discussion absence will be a problem. If there are experts participating in sessions, Dr. Satin is more directive in requesting student presence in the classroom, but doesn't require they attend. Areas where the change has been effective through communication to the class include:

- all students passed the take-home exam, students did well on the essay answers, strong performance in their written essays
- all areas in the student surveys improved by about .5 across the course
- students work in assigned groups based on their Process of Care Clerkship (develop a joint quality improvement project poster)
- student feedback on the joint project improved from 1.9 last year to a 3.5 this year
- the field trip to the Northwest Health Science University (traditional Chinese medicine) went from a score of 2.8 to a 4.1 in student feedback, based on prep information students received prior to their visit

In HD2 reflections, students write about the trip to Northwest, Dr. Satin noted the trip is meant to get them to consider how they interpret integrative medicine and where it fits with medical practice.

Concerns with SFC member feedback

- III-a the essay portion of the exam is very labor intensive and he doesn't want to eliminate that portion : A. SFC members suggested using a TA (MSTP students)
- Use of decelerated (flex) students as TA(there is a course setup to allow students to register
- How TAs to also write some of the questions (science of question writing)
- Quality improvement poster day – 50 posters need to be graded in 1.5 hr (use of the hospitalist program at Fairview – residents). Also expertise from Dept of Medicine and at the VA should help to identify QI expertise that may be interested.

Next Meeting, August 7, 2013