

*Scientific Foundations Committee*

*October 4, 2013*

*7:30 – 9:00 am, B-646 Mayo*

***In Attendance:*** M Becker, A Blaes, B Clarke, E Coleman, S Katz, R Kempainen, M Klimstra, A Minenko, B Nesbitt, C Niewoehner, J Norrander, M Ramey, M Rosenberg, D Satin, K Setterhom, L Schimmenti, P Southern, D Wangensteen,

***Absent:*** S Allen, R Amado, A Belzowski, A Blaes, J Chipman, G Filice, G Giesler, D Powell, M Sanders, T Weinhaus, K Wickman

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**Minutes**

Minutes for SFC Meeting, September 6, 2013 were approved with no changes or additions

**Announcements**

Dean's Forum:

Dr. David Hirsh, Harvard to discuss EPAC and other aspects of longitudinal clerkships. The schedule will be made available and Committee members will be informed closer to his visit. Dr. Hirsh will spend Thursday on our campus and will spend Friday morning doing rounds at the VA. In the afternoon he and Dr. Kathleen Brooks will run a retreat covering the plan we have to launch a longitudinal clerkship at the VA. This is an excellent opportunity to understand more about LICs.

Medical School Dean/Vice President Search Candidates

Dean/VP Search

Candidate Presentations

4:00 - 6:00 p.m., Thursday, October 3, 2-690 Moos Tower

4:30 - 6:30 p.m., Tuesday, October 15, 2-620 Moos Tower (*note time*)

4:00 - 6:00 p.m., Thursday, October 17, 1-450 Moos Tower

The format includes a talk about QI which includes a feedback forum the event is scheduled to last about 2 hours. It's great opportunity to attend these sessions it is open to all students, staff, faculty and all interested parties.

Dr. Katz introduced Kelly Sutterhom, who is the new MS-1 Student Council representative to the SFC, she has taken classes at the U of MN for two years. He also introduced Mikhail Klimstra, MS-2 representative to the SFC.

Best Practices Day will be held on May 8<sup>th</sup> scheduled from 10:30 to 4:30, located on campus. More information will become available as the speaker and topics become known.

Changes to Annual Course Reports

Dr. Katz reported that beginning January as reports come due for the courses currently being taught for Fall of the 2013-14 academic year, the scheduling and format of the presentations will have some changes. With seventeen courses scheduling ACRs on an annual basis doesn't permit the SFC to address other concerns as readily. He noted each Course Director will be required to complete the report document at the end of their course and each can choose whether or not to present that data. This scheduling format will focus more on these issues that arise out of the yearly experiences that occur for course directors. The group will get the opportunity to consider new innovations and areas of concern they have in common or may have already resolved.

## **Annual Course Reports**

### Human Sexuality

Dr. Eli Coleman reported that the course seemed to go very well this year and provided highlights. The course is divided into two parts looking at basic understanding of human sexuality as related to issues that are seen in clinical practice ; attitudes and values, professionalism in addressing concerns and/or treatments, diverse populations with diverse sexual practices. The second part of the course is about knowledge and skills; how they develop their expertise in addressing the common sexual concerns that they will encounter during practice.

Dr. Coleman pointed out the objectives for the “Sexual Health Seminar” are defined in his report document. The course uses 4 small group sessions led by a psychologist and physician co-teaching team in their specific area of expertise. This combination explores in detail the bio-psycho-social aspects of human sexuality and medical practice.

Student feedback indicates objectives and goals for the course were aligned and ratings for the course indicate they have acquired the understanding of the stated course objectives. Looking at the ratings from last year to this year it appears that changes in the course have been effective in improving their educational experience. New and returning facilitators, small groups, the value of the psychologist/physician teams is highly rated and overall acquisition of knowledge increased from 4.1 to 4.3. Moving from a graded paper to a multiple choice exam rated as a strong evaluation method and over time graded quizzes have been added and are well received. Being the first year of the graded exam there were several questions that were contested and eliminated from the scoring. There will be improvements over time with these questions and as a secure exam most of the test will be retained and with questions added.

Due to room scheduling, small group sessions were reduced from 1.5 hour each to 50 minutes each. The main issue is 1.5 hr. sessions take up a 2 hr. slot and causes difficulty in reserving rooms. The schedule and rooms have been addressed much earlier this year which has made assigning faculty to sessions much easier. Role playing in small groups still struggles because some tutors don't like to do it and some students don't like to do it. Role playing is a very useful and effective way to practice the skills, Dr. Coleman will continue to stress the importance of its use in small groups. He will welcome input from anyone who can suggest ways to strengthen that aspect of the course. ILT should be improved for 2013-14 due to the opportunity to spread the course out over a longer period, it will be better structured.

There are 12 small groups consisting of 14 students each, the entering class is larger at 175 and Dr. Coleman will consider increasing a higher number of groups which would allow for resizing the number down in each group. Increasing both the number of rooms and facilitators for additional groups will be a challenge and Dr. Coleman will explore the changes needed to have more small groups. When Dr. MacKenzie was directing the Human Behavior course there was a great deal of collaboration and with the new course director that hasn't happened at this time. Brad Clarke, MS, noted that Dr. Rick Amado is the new Human Behavior course director and has changed that course in a number of ways and would be very interested in integration of the two courses.

## **Discussion**

### Assistant Dean for Clinical Education, Proposal for New Position

Dr. Mark Rosenberg noted after spending the last year in the OME, it is apparent that clinical education is an area where the administrative team feels there is a hole that needs more attention. The concept for this proposed position stems from the fact that clinical education hasn't changed in quite a while. With the transformation of medicine that is taking place, clinical education hasn't kept pace. It's led to a perceived gap between education and medical practice, the gap includes the ability to work in teams, to work in an interprofessional manner, knowing and having the ability to do quality improvement and to assure patient safety. The question is how can UMMS redesign and improve our education and keep up with the trends and changes in healthcare.

Another aspect is changes at clinical sites, which is a critical challenge for the medical school even though we are the only medical school in town. There is increasing competition; osteopathic schools and international schools are buying sites. At the same time practitioners are busier and busier and which is a challenge, as well as how do they provide education at sites. Sometimes very dependable sites are dropping out as preceptorships. This leads us to think we need to up or game and give them a very high quality product in our students' skills to add value to their system. Areas where we need to do a lot more in going out there and connecting and working with the sites as well. This is all part of this concept for the assistant dean for clinical education. And lastly Dr. Ted Thompson was doing a lot of things that fit in with this goal; being a liaison to COSSS and being able to take students who need more work and get them the experience they needed. This isn't a replacement for Dr. Thompson but it is also trying to incorporate some of the many things he did in his position.

The position is being proposed as .7 FTE with the other .3 being clinical practice. This is very much someone who can build relationships who is on the cutting edge of clinical education for medical students, has demonstrated scholarship and can continue on that path. Other qualifications are lined out in the position description, which would report to the Sr. Assoc. Dean, K Watson. Our process includes vetting this proposal as widely as possible; the Dean, the OME leadership group, the Education Steering Committee, EC and today SFC and CEC. We are very sensitive to the fact that we don't want to increase administrative costs. In planning in terms of budgeting, Medical Education is able to fund this position within the current OME budget. There is no new request for a new position. This individual would be an active faculty member, so this isn't someone who will sit in an office and administer. The thought is to do this as a national search, even though there are fantastic local candidates, it will be important to vet it nationally, which doesn't rule out selecting a local candidate. Dr. Rosenberg noted the search committee will be established soon.

Dr. Katz added that both the EC and ESC members have seen the position description and there is a consensus that this position is very much supported; not just to replace Dr. Ted Thompson. It is to establish more effort, support and functionality for clerkships to be available and of the highest quality when MS-3s begin their rotations. He also noted there is such demand that without someone to do this work, UMMS is at risk of not having the necessary number of sites available. Dr. Katz made strong recommendation to SFC members for endorsing the proposed Assistant Dean for Clinical Education position. He also reported that trying to get someone in house and with the ability to network to accomplish to do what Dr. Thompson was doing is very important and without that role we would be going backward in regard to our program's need for clinical education sites. Dr. Blaes agreed the need for well-defined communication and an ability to interface with those contacts and the need to know who and where the contacts are is great. Dr. Minenko concurred that the external interfaces are a priority. In regard to the position description and reference to "across campuses" how does that fit with this role and Duluth's clinical sites? In response, Dr. Rosenberg reported Duluth has been involved in the discussions about the position. The Assistant Dean for Clinical wouldn't be in charge of Duluth but would oversee the clinical education piece, a lot of what happens at Duluth sites and even the year 1 & 2 experiences. This will be a person who could interact with the clinical education leaders there and work well with them. The relationship piece isn't linear but has a more web-like affect.

Dr. Rosenberg added if we are going to incorporate students into learning about health systems and learning about quality improvement, having 4, or 6 or 3 weeks at numerous different sites doesn't allow for that learning to take place. That is why expanding the longitudinal clerkships and the VA is an intriguing site for that and this person would help to accomplish the work that needs to be done. EPAC is another example of an area that will need added work to develop well with other aspects of Medical Education at UMMS.

Dr. Rosenberg asked if there were concerns or areas of the position description that seem to need revision, to contact him. He reported that the charge to the education committees and Med ED administration is to come back to the EC for a vote after course and clerkship directors, ESC members and staff had a change to weigh in with

their input. CUMED members will have an opportunity to review the description on Tuesday, October 8<sup>th</sup>. If there is no major dissent from committees, Dr. Wes Miller, Chair, (EC) will do an email vote to the full Council and if the proposed position passes; the position will be posted and advertised as a national search. The goal is to have someone hired and in place next July for the 2014-15 AY. If an individual were identified and able to start during this academic year, there is funding in place to have them hired during this year.

#### Continuation of, "Help, there may be a failing student in my class"

Steve Katz provided data he has organized in a way that identifies a portion of year-2 students who fail as year-1 students but with remediation are able to acclimate to medical school and perform fairly well in year two. He has also found in his work with this data a set of student who were able to meet the 70% requirement (barely) while in their first year. What the data illustrates is that as the courses become more demanding and there are cumulative stressors, these individuals begin to fail because they can no longer stay at or just above 70%. Using his methods these individuals can be identified in year-1 and guidance and remediation can begin much earlier.

Discussion around the area of self-assessment to place; highlighting that not all students are not readily aware of their performance in a particular course final/grading until well after the next semester has begun. Not all course directors provide these final outcomes to students. After some clarification and discussion it was considered whether histograms for every course should be automatically sent to all students for all courses. Brooke Nesbitt indicated that it would be concerning to automatically post student results (histogram) data as an overall policy without guidance from each course director, there are too many variables across courses and course director practices. Dr. Minenko noted she would not want Medical Education staff to automatically what is received from OMS, for example for HD2 there is a 3-part exam and she needs to collate all 3 scores into 1 score for grading purposes. Once she has done the proper process she then is ready to have administration to post the histograms for students to view. Feedback from MS-1, Kelly Sutterhom, indicated having the information posted, from her view is extremely helpful for her to self-assess and determine how she might alter her approach to learning while in medical school. Some of the course directors expressed the concern that they would need help in preparing a histogram.

Dr. Katz summed up the discussion by suggesting it be considered a "best practice" to post histograms for student to review in their self-assessment. He feels his process is sound and in his case when he has completed plotting the histogram he knows it been done well and wouldn't want to relinquish the assurance that his course's measurement of performance has met the standard for accuracy. He recommended postponing the remainder of the discussion until the November meeting due to the remaining Agenda item. It was agreed to bring the issue back for further discussion. Dr. Satin reminded SFC members that the process just described is not an indication that there is a class ranking.

#### Proposed Calendar and Course Changes AY 2014-15

Dr. Anne Minenko provided information for a proposed change to HD2 both in content and in scheduling. There is a gap between student achievement and student satisfaction for this course. Students do very well in HD2 in spite of the complexity of the course (10 subjects covered during 9 weeks). The first year there were four failures, second year two and last year there were none.

Because of nature of the HD2 there is a 3-part exam; subject segregated where each individual subject has their own section, there is an integrated section where each question has several subject areas addressed. In studying the results of the difference in student performance for these separate areas she has identified that students do better on the integrated questions. Most of these questions are designed as problem solving/application type and students perform the best on these. This is true across the entire range of students in each year whether in the top or lower third of points earned. But the gap is present for students' overall in their general feelings about the course, through faculty and small group leaders and faculty advisors.

At the ESC students have provided input to help understand how to make some adjustments to make the course more readily appreciated by students. In the ESC discussions and other information gathering; it seems the size and breadth of the course is problematic. An area at issue is that with 10 subjects and 80 faculty across 9 weeks has led to a lack of consistency in lecture/small group teaching styles and these differences add to the complexity of the course. When looking at the domains of learning there is the cognitive ability (what are they learning), the meta cognitive learning (how do they learn) and the affective ability (why do they learn, what motivates them to learn). Different students need differing variables in achieving learning objectives. Under learning ability on how do they learn they need certain skills, in HD2 students need coping skills and management skills. Because they are moving along developmentally, they need to comprehend why to learn and/or why to know some specific piece of knowledge is required, but they haven't quite arrived at accepting that this affects how they need to think. This scenario leads to a sense of dissatisfaction and lack of comfort.

Dr. Minenko spoke about the process of coming to this proposal, in terms of looking for solution to this, a great deal of fact finding, listening, seeking student input and with a lot of deliberation two strategies were developed. These are support and challenge, knowing what students will have to accomplish in year-3 it's important to not dumb down HD2. It's important that there be concurrent support and funneling of the information to faculty who are working to facilitate student learning and performance. The other strategy is to find a better way to match the 2<sup>nd</sup> year students and curriculum in terms of right sizing and re-sequencing to match the students' stage of learning development. HD2 is currently scheduled in the Fall of the second year, but maybe it is better suited as a pre-third year course.

Dr. Minenko provided the comparison of the current course schedule with HD1 followed immediately by HD2 to the proposed version which has HD4 being taught in the Fall (see meeting materials). The proposal from ESC for changes to HD2 is two parts which includes splitting up HD2 plus moving HD2. HD1 and HD3 remain the same in content, size and scheduling; HD4 remains the same size but would be scheduled in Fall of Year-2. HD2 Part 1 is 3 weeks long with an exam week, the other part of HD2 is in the Spring and is 5 weeks long plus an exam week. The content for Part 1 is the neurology and psychology portions and the related pathology, pharm and ID. The remaining portions will be placed in Spring semester as Part 2. HD4 is the most affected of the 4 courses. Also it means the faculty have to adjust to moving from Spring to Fall for HD4. This will require managing the change in clinical schedules. The number of weeks will remain the same for HD2.

ESC members believe that it makes HD2 more "right sized" and that it fits better with the HD courses in its structure making it a better educational experience. It means HD2 Part 1 is more properly sized and more manageable for students, faculty and the course director. Whereas HD2 part 2 is much more like pre-third year course and has a trajectory that more closely sequences with 3<sup>rd</sup> year. Rheumatology is clinically reasoning based, it's not joints, the content is about the organs. Orthopedics, otolaryngology and eye are very active courses and will also have a stronger interest level for students. It still maintains the integration level established in the current HD2 course, the content and the manner are preserved. For scheduling the logistics work very well. Tightening up the scheduling which is helped by more efficiently aligning the subject areas allows for the added Exam Week for the Psychology and Neurology portion in the fall. Scheduling needs to fit the educational purpose and there is some time left in the fall when PCC is completed that the students can utilize. From a course director management perspective 10 subject areas, some subject leads are well developed and don't need as much time, this allows for better balancing attention toward different areas of content that need direction.

#### Concerns:

- Student issues with HD2 may seem to be timing with their prep for Step I but with this course's integrated exam questions developed in style and format similar to USMLE exam questions, it is a good fit.

- Administratively there will be added cost for an extra exam, an extra course director and there may be resources need for extra lab time.
- How differently structured assignments and content may be managed will still need to be work out.
- It will potentially affect national discipline specific annual meetings, but Ortho, Rheum and Pharm all have national meetings during HD2 and it works.

Questions:

- Dr. Katz noted that there were many iterations to get to this proposed timing and content changes.
- Dr. Blaes HD4 notes that ultimately it will have to work because it makes great sense.
- The background is they have tried to have a more logical progression for the content.
- From a curriculum standpoint it makes great sense and meshes with what the HD4 faculty have been trying to do.
- To better understand what is being done to integrate across basic science and clinical.
- It will take work to get it all aligned, but it will be well worth the match up.
- For HD4 another person involved for Gut is James Abrahamson who has contributed a great deal to Blood.
- Dr. Blaes noted it would be helpful to have the Neuro and Psyche as a focus of a separate course. There will need to be more discussion and attention paid to the added exam week. It will break up ECM a bit, but the HD2 Part 1 may not need a full week.
- There a number of implications that will need to be addressed.
- Having a 5<sup>th</sup> exam may help to lessen the pressure for some students because it will make the high stakes of the HD exams a little more spread out.
- Students' maturity will have increased more greatly by the Spring semester.

The next steps include more consideration and working with EC Chair, Dr. Miller for a vote of the Council, possibly as an email vote later in October or early November. Current MS-3s will have a valuable perspective on how this might have changed their Yr-2 educational experience. MS-2 evaluations of HD2 have continued to indicate a smaller course would be more manageable for them. It is a natural process for a maturing curriculum to be re-evaluated and adjusted to better fit within the overall curriculum.

## **Next Meeting, November 1, 2013**