

Scientific Foundations Committee

January 10, 2014

7:30 – 9:00 am, B-646 Mayo

In Attendance: S Allen, B Clarke, A Edverson, G Filice, S Katz, R Kempainen, B Nesbitt, C Niewoehner, J Norrander, D Powell, M Ramey, M Rosenberg, M Sanders, L Schimmenti, K Setterholm, P Southern, S van den Hoogenhof, H Thompson, D Wangensteen, K Watson, T Weinhaus, M Woods

Absent: R Amado, J Chipman, E Coleman, G Giesler, M Klimstra, A Minenko, J Nixon, D Satin, D Thompson, K Wickman

Minutes

Minutes for the December 6, 2013 meeting were approved with no changes or additions.

Announcements/Updates

Update on W,I, and N grades in the event a student drops a medical school class

Anne Edverson, Medical School Registrar, reported there are a greater number of medical students dropping courses and/or not taking exams during and/or at the end of the course. She has researched how these circumstances should be reflected in their grades and in their continued status in the medical school. In talking to the Associate Vice Provost, Sue VanVoorHist, Anne has learned she is aware of the grading inconsistencies in Dentistry, Nursing, Pharmacy and the Medical School. A task force has been formed to create an AHC grade submission policy, Anne will participate in the task force process to help establish a standardized procedure. She reported there is currently a student scheduled to meet with COSSS in the near future with regard to grading and possible deceleration. Students are decelerating midcourse which hasn't happened in the past, to address this circumstance, course directors need to follow current University Policy. Basically this policy requires that a student(s) who drops out after a certain percentage of the class has taken place, a "W" is required for that course. Medical students need to have this requirement brought to their attention and clarified; course directors need to apply this Policy to their grading practices. The option of leaving a course in the middle of the course is not an available option. She feels it's apparent to students across years one and two that fellow students have done this successfully, taking an "I", allows extended time to improve their performance.

Dr. Woods asked Anne Edverson why grading for students isn't following the University Policy for assigning a "W". Anne Edverson and Brad Clarke indicated that historically the Medical School grading practices haven't been in line with University Policy. Often it's not possible to implement them in a way that will work for professional programs, i.e. calendars are different. Dr. Woods pointed out that basing the "W" grade on a percentage of course completion should be straight forward. Anne noted that with undergraduate students they enroll themselves and can generate their own withdrawal and the "W" remains on the transcript. At UMMS this is done by the Registrar (A. Edverson) and the ramifications have always been considerable. Grading practices are also applied variably for Years 3 and 4 because each department submits their own grades with little understanding for the University's process.

Feedback from course directors indicates withdrawal at mid-course seems to be a relatively new action students are choosing when they are struggling and there are more students who are unable to perform as students have in the past. Information indicates recommendations have been made to students to withdraw. Dr. Becker has appropriately indicated to some students that they not continue with a class, but she has not made grading policy. There is a need to establish what results when a student does withdraw. If a student withdraws from a course and they are currently failing should they receive a "W" or an "N"? Often it's current practice for students to get an "I" with the understanding they will make it up the following year.

Discussion raised a number of questions: What is the overall value to students when the "W", "N" and/or "I" grades are used on their behalf. Is it useful to have them come back at a later time to retake the course, does it help them in getting back on track? Are they diverting and then not able to progress toward the MD degree and/or residency? This

may have been taking place in the past to some degree. Dr. Watson noted this has been discussed exhaustively and it will take this group more lengthy discussion to resolve some of the following concerns:

- students at risk are being identified earlier
- they are receiving counseling and faculty advisors are working with them
- COSSS has been involved in determining best next steps
- students are made more aware of the consequences of an “N” or failure
- greater numbers struggling with poor progress
- administration recognizing that University isn’t being followed
- taking a lengthy time to finish courses without any ramifications
- students are abusing the system

Dr. Katz reiterated that the failure or “N” grade will be a permanent mark on students’ records that will adversely affect their chances for a residency program match. But he noted if it isn’t permanently reflected on the transcript, it gives students the wrong message in allowing abuse of the system and to not finish course work on time. In the past when we changed failed grades to pass, the failure would disappear from the transcript. Then several years later a student who was up for dismissal for both academic difficulties and professionalism issues, made a claim that his academic record in Medical School was exemplary. The “P”s on the transcript were actually “N”s, but the information couldn’t be used as part of the case to dismiss the student or withhold the MD degree. Anne Edvenson reported students don’t seem to demonstrate a sense of accountability.

Course directors note that there seem to be different issues for why students are unable to perform at the required level.

- more family and personal issues which are not the fault of the student and a time when an “I” is appropriate
- circumstances to use an “I” rather than a “W”
- This has always been a point of consideration, administration has tried to be fully accountable to course directors in these cases.
- students have to be accountable to School processes and policies
- If we follow University policy on withdrawals an explanation can be given in the MSPE and residency program directors will have the information
- there is a concern that this practice will result in covering up inadequacies

Anne Edvenson indicated an important aspect in using an “I” is the formal written contract with dates for completion and consequences if a student doesn’t follow through. Developing a policy with specifications is critical. A recent example is a student who didn’t take an exam and didn’t tell anyone that he hadn’t taken it and then disappeared without contacting anyone and there wasn’t a family emergency. It’s important to be understanding, but this was an issue of professionalism. In being trained as physicians, its basic knowledge that there are consequences, that they have responsibilities and that School comes first. These are basic rules that need to be identified when they begin medical school. When needed there is flexibility in terms of family emergencies. Using the University Policy on grades is necessary and it’s very important that students are made aware of the rules when they enter as first year medical students. Strong recommendations from course director feedback indicate it’s necessary to determine who makes the decision; course directors, administrators, faculty advisors or all of the above. Can the course directors negotiate when the grade can be made up? Is summer soon enough or does the course director contact others in the School before the agreement is made? Dr. Watson indicated that ordinarily it has been an automatic policy. Course directors are requesting a policy they can use to take direction with students in different circumstances.

Dr. Stephan Katz reported that University Policy gives course direct discretion in determining whether to give an “I” grade in extraordinary circumstances. It’s his understanding if the University Policy is followed a course director can give an incomplete and is responsible to negotiate with the student when they will complete the course, i.e. SMP would have to have the course made up during the summer. It’s necessary at the beginning of every semester that everybody including students need to know that the Policy requires absolute deadlines and that there is no wiggle room for complying with the Policy. In the Dental School students are told at the beginning of a course that it is a professional school and they are required to complete the course and the exam. In the Medical School there are a good number of students who miss the exam. Dr. Katz indicated that the timing for establishing a policy may not occur until Fall,

2014. Dr. Watson responded that the School has a policy stating that we follow the University Policy, but it hasn't been followed and students haven't been made aware of the effect on their course completion and academic performance. She indicated there is a policy in place and notice should go to students and course directors to inform them it is current and will be applied to currently enrolled students, their coursework and academic progress. Dr. Watson noted that once the AHC Task Force process is moving forward, any future changes will be communicated to students and course directors in a substantial manner. SFC members were in complete agreement to actively reinstate the existing University Policy and welcome renewed communications to students and course directors as reinforcement of current policy. Dr. Katz will send the document to all course directors to inform them this information is in place and is to be used for grading purposes. Communication will be sent to Year 1 and 2 medical students through courses directors, Black Bag and through an email message from Student Affairs.

Academic Calendar

Dr. Majka Woods introduced the reconfigured Year-2, 2014-15 academic calendar for medical students. This applies to on Year-2 only, no changes are anticipated for the Year-1 curriculum. Plans for the Year-2 include scheduling changes for Human Disease 3 and 4, which will exchange times with one another. Neuro/Psych have been separated out of HD 2, to help reduce the size of this large a course with a broad number of topic areas. Dr. Jeff Chipman and Brad Clarke are working on developing new names for the courses to better reflect the topics; course directors will receive notice when that decision has been finalized. The content will not change radically, this change is to help lessen the burden on HD2 and arrange the sequence of the topics more logically. Dr. Katz reminded SFC members that review of ideas to alter HD2 and change where it occurs in the calendar was discussed at a recent meeting and SFC members supported the suggested changes at that time, ESC and EC members also support this change. Dr. Minenko is highly supportive of this change and new course directors have agreed to lead the course. These changes will strengthen the course and the Year-2 curriculum overall. Dr. Filice spoke to the successes Dr. Minenko has had in HD2 over the 3 years it has been taught. This change will adversely affect several areas and/or groups. Such as a student who has been decelerated going into the Yr-2 will have a lengthier deceleration because of sequencing. In considering longitudinal learning, HD2 now comes before HD1, which will require course directors to reconsider what is being taught and when it's being taught in conjunction with the change in timing. An added advantage is the components of what will now be HD2 in the Spring are very clinically oriented (workshops in otolaryngology and ophthalmology) which fit well with students' preparation for Yr-3.

Annual Course Review

Human Disease 1

Dr. Robert Kempainen, Course Director for HD1 noted this course focuses on cardiology, respiratory, pathophysiology, pharmacy, pathology and relevant parts of infectious disease. Overall globally the course went well this year; logistically it has gotten better each year in terms of the timing of lectures and content. He reported that Aliyu Ojarigi, Course Manager, did very well in supporting the course. Brooke Nesbitt and Brad Clarke provided added areas of support, rooms were available when needed and other details worked well across the entire course.

How are students doing and what can be said objectively about their performance.

Dr. Kempainen reported that the written exam seems to fit well with the course; the result of student performance is a bell curve. The tail end (under 70%) is a very small number; there may still be a couple of questions that fewer than 50% of students get right, which should be removed from the exam. There is a small amount of fine tuning, the course as a whole is having fewer unexpected issues to overcome. The exam went well, the Pathology Lab exam is challenging and students did well on it. The summative assessment is a group case that students work on a respiratory setting working as groups of six and students do well, Board scores are shown as an indicator of student preparation through HD1; the exams reflect scores across many disciplines and they've been rising. Performance in cardiology and respiratory are easy to pick out, pathology is taught throughout the two years and have increased; infectious disease is in a separate category; all seem to be rising for our students.

How has the course been rated by students:

The report reflects the last 3 years of student evaluation of the course, it is slightly down this year but the course is going well. The numbers this year might reflect a variation in student expectations. Also this year there was a

greater response rate of more than 90% compared at a much lesser rate of 60% last year. Completing the evaluation is criteria used for awarding honors, he feels there may have been a response bias.

Working well:

Small groups for respiratory and cardiology are consistently the highest rated aspect of the course each year. Annually the faculty involved meet to talk about what went well and what needs to change for the following year. Through these sessions the timing of lectures and labs are a better fit for sequencing learning. How pathology and pathophysiology inform and dovetail together has improved annually. An expectation that the course will be perfect isn't realistic; the goal is continued improvement over time. ILT does present scheduling problems but is an important component of the curriculum, although there are trade-offs in timing. Eighty percent of students rate lectures at 4 and above; the Med Ed Office support was excellent, the course liaisons were on board immediately at the beginning of HD1 and were a great asset throughout the entire course. Dr. Kempainen holds a respiratory noon-hour review session weekly that is highly rated by students in written comments. In previous classes students have asked for a chest imaging lecture for cardio and respiratory, this year there was some flexibility in ECM and the session was a success. It will be a goal to offer these in future years, with this specific timing it matches up as they begin to work in their small groups. This is just before the point where they are actually reading chest images. The timing brings back material covered in Yr-1 but now is more meaningful for content they will cover immediately following HD1.

Areas for improvement

The final exam needs fine tuning and making those changes will add to improvement of the course. The opportunity to make it better each year is an advantage of a secure exam. One complaint is that old exams are not given out for study, which is part of a recurrent theme. Student feel there aren't enough formative experiences provided, a formative mid-term has been in place for the past few years. Dr. Kempainen isn't certain if that is a universal concern across most courses and whether it's possible to satisfy that demand. Feedback from course directors includes the following:

- WIM sells the old test questions in their "packet" but some students feel the material isn't adequate
- M. Woods recently reviewed the WIM packet and found some outdated questions course directors have cut from exams over the last ten years.
- For SMP no questions are provided because the packet isn't representative of the course
- Some students have purchased and used it for exam prep and found the materials didn't reflect exam content
- Other course directors indicated their courses have also received less than a 4.0 on the issue related to the number of test questions available for exam prep.
- SMP has a 500 question "bank", provide online weekly quizzes and students express concern that they don't have enough to gauge their exam readiness.
- It is variable among students, some are comfortable using just two years in reviewing old exam questions.

Dr. Woods commended course directors for doing a great job in putting more practice questions out there in quizzes and in question banks. The availability of practice questions is greatly improved over what was available five years ago. It helps to have questions improved and aligned with course content. Compared to five to seven years ago; all courses and topic areas have met the charge to improve across the board, with more questions, getting rid of bad questions, providing quality content, making practice questions of greater value. All of these areas are to be recognized in helping to improve students' opportunities to learn. Discussion focused on the real value of sample questions; rather than going to lectures, reading material and learning the content more thoroughly. Course directors indicate that working through problems has been their method of learning and there is advantage in working through questions and knowing where you are lacking knowledge. Across courses there is variability in how large a test question bank might be; Dr. Kempainen noted it was helpful to understand what students are experiencing in other courses. He noted that for respiratory/pathophysiology students have about 75 practice questions. There are 30 on the exam, so there are about twice that number for them to use as practice and there is also a practice lab-practical set up. It may be possible to make a few more practice questions available. He recommends a formative mid-term as an excellent practice for students, he feels one half of the class would have failed if they hadn't had the formative midterm to guide them in knowing where they were weak and in what

areas they needed to know the material better. A lot of students in his small group were surprised at how little they knew and hadn't understood the level of knowledge they would need for the application of the information. The questions are not just about recalling the basic knowledge, but also involve applying the information to medical practice. Brad Clarke noted that his observation is that most students are driven to use as many resources as they can possibly find and the practice questions are just another form of resource to them.

Dr. Kempainen reported that over time they've added review sessions during the noon hour but students often request more review sessions, especially related to cardiology. Clarifications of current guidelines indicate that review sessions cannot be required and new material cannot be introduced. For HD1 they often go over a quiz. He asked is it possible to reconsider having more opportunity for more sessions. Brad Clarke pointed out depending on the course there may be as many as 8 disciplines and more than one discipline being taught in a week; all areas want a chance for review sessions. The whole topic should be discussed to help clarify if there are other opportunities. Pathology does hold review sessions, SMP has 8 hours per week making it difficult to hold reviews, and Anatomy holds two exam review sessions and also the "practice practical" for Anatomy and Histology. Some courses have review questions at the end of lectures, in very brief sessions.

Dr. Filice talked about ID and where it fits in HD1, he noted that it's a challenge. Principles are introduced in HD1 even though it isn't necessarily directly related to cardiology and respiratory fields. He noted it's an odd duck, because the discipline doesn't really apply in terms of boundaries with regard to specific organs or organ systems. The attempt is to have students learn about infectious diseases in a fact driven manner. Infectious Disease content is taught through two lectures in HD1, in a principles of ID lecture and then with use of the, a focus on endocarditis and there is one small group session. The principles are also dealt with in HD two, three and four, with a focus on cases. Students need to learn how to evaluate a patient who may have an infectious disease; that skill is going to make them better physicians. If students don't understand ID principles and application in cases, they won't know how to approach that diagnosis.

On the boards there is no ID component and there's a micro component. Medical schools across the country handle ID in very different ways it's often with micro. Because of that lack of focus, it isn't on the students' radar. He does receive strong positive evaluation from some students and do provide very good feedback for this portion of the course. The reviews by students have improved some over the three years and have helped to improved how the course is taught.

Dr. Powell was not able to stay to provide insight from the perspective of the Pathology portion of the course, Dr. Kempainen reported the following details:

- pathology labs and have improved over the last three years
- there are not have enough pathology faculty who are willing to teach, pathology goes on throughout the year
- There are Pathology Lab instructors who are outstanding, there is a large variation with some at both ends of the spectrum
- infrastructure in pathology doesn't support teaching, and faculty don't recognize the advantages of involvement in teaching
- transparency of compensation from the Medical School to the department is lacking and affects incentive
- The medical school does provide money to the departments for teaching it comes in two forms: one is a reimbursement for course directors and another is money that comes to the home departments to support the course itself.
- Generally departments receive approximately 33% of the medical school tuition dollars.
- department head should be well aware of that figure, this was a surprise to some course directors

Dr. Rosenberg indicated that dollars go to the departments but it's not designated for an individual specifically. If the department chair has a discrepancy those dollars are provided to adjust discrepancies. If it were earmarked to that faculty person/course director, it would clearly communicated support for course and course director. Each department uses the money differently but there is definitely money that goes to departments from the medical school for this purpose. Dr. Rosenberg indicated that information could be reinforced and clarified. The

department of medicine does it almost specifically by lecture and small group session. Recent discussions with departments are about designating those dollars for teaching. One issue for Pathology is they teach all year long making it hard to bring in faculty motivated to handle the lengthy teaching required. It needs to be explicit recognizing faculty for their contribution. Dr. Rosenberg indicated this is good feedback and should be discussed.

Based on feedback from students other areas for improvement for next year include:

- overlapping lecture content, such as Epidemiology, in general faculty will have to go another layer down in discussing lectures - when they occur and how content overlaps
- the course was rated lower for unstructured ILT time, in observing other course rankings Dr. Niewoehner's course received a high rating. His plan is to work with other course directors for information and ideas. It was noted that ILT time does not occur at the same time for all students at the same time. Setting up specific components to be completed in preparation for the next lecture or small group may have conflicts.
- lower ranking for health disparities topics: Dr. Woods reported there is the health disparities student group asking for more explicit coverage of health disparities across disciplines. Dr. Kempainen thinks small group cases can help to make the disparities more real and specifically his goal is to do it in a meaningful way.

Discussion

Mid-Course Non-cognitive Narrative Assessment

Dr. Woods reminded course directors as a result of the 2012 LCME Self Study there is an LCME directive that UMMS must implement a Mid-Course Non-cognitive Assessment for each student by midcourse whenever possible. Dr. Woods indicated preference for professionalism, behavior, general attributes of the student learner not associated with their academic abilities, are the areas to be addressed. FCT is doing it at this point in time because students are in small groups. She noted the standard requires the Medical School to alert students to whether they are at risk of failure or not making academic progress based upon the non-cognitive assessment areas. Another aspect of the LCME citation is that students have to receive direct information that is specific enough that they can remediate and change their behavior in time to pass the course. This could be written up on an evaluation card or feedback card. For courses in the small groups there's potential, but other schools have used a course evaluation and they were cited for that approach. Almost all schools have gotten a citation on this summary and we don't really know exactly what LCME is looking for as a tool or a format.

For UMMS the goal is to try to make sure that we are providing feedback in the time frame required by LCME and of a non-cognitive nature. It has been suggested that UMMS take advantage by working with student faculty advisors. Dr. Woods reported the LCME standard says by course and that is what we've been working toward. SFC student members identified ECM facilitators as someone who sees them in a small group of about 10 and who they interact with frequently. Facilitators usually teach physical exam skills and see how students interact with each other, how they talk about patients and how they approach standardized patients; they should be pretty well informed for this assessment. Dr. Woods reported ECM is providing mid-course evaluation to students based on the above description and so is FCT. Course directors asked if there is any opportunity for using peer feedback to help with this perspective, students see each other in many settings. Dr. Woods reported that peer assessment was used in our report but LCME did not accept that as adequate. It may be that at the time of the LCME site visit, 2 years ago, we weren't at the capacity that they wanted. So for the time being the peer professional feedback is being expanded to Yr-2. Many students assume their feedback isn't heard or observed by anyone, however SFC representatives report that they see feedback as highly valued. Communicating this broadly to all students is important. With regard to peer assessment, an emphasis in the communication should make it clear that this is confidential. At issue is when a small group contains five or so students, the recipient of feedback will know that the information came from one of those five individuals. This circumstance could be addressed by clearly telling students their ability to provide positive feedback is a part of professionalism

development. Peer assessment must be written in a way that each student is comfortable giving the feedback to the individual. Student Committee members indicate that this clarification is important and along with a statement that it's part of their professionalism development, would help make this productive information.

Dr. Katz closed by recapping the earlier discussion regarding grading and stated that Anne Edvenson will forward today's documentation (goldenrod sheet) to him regarding the earlier discussion around the University policy for grading and use of "I", "N", and "W". Dr. Katz will send it to all course directors and students will be made aware as well through communications from Student Affairs and reporting from SFC Student Representatives.

Next Meeting, February 7, 2014