

Scientific Foundations Committee

June 6, 2014
7:30 – 9:00 am
Mayo B-646

Minutes

2013-2014 Scientific Foundations Committee Members		
MEMBER	COURSE/ROLE	ATTENDANCE
Steve Katz	Chair (INMD 6814 Physiology)	X
Sharon Allen	INMD 6803/6804/6805 ECM 1, ECM 2, ECM 3A	X
Richard Amado	INMD 6815 Human Behavior	
H. Brent Clark	INMD 6819 HHD – N & P (14-15)	X
Eli Coleman	INMD 6816 Human Sexuality	
Greg Filice	MS 2 ID Thread	
Glenn Giesler	INMD 6813 Neuroscience	
Bob Kempainen	INMD 6808 Human Disease 1	
Anne Minenko	INMD 6809 Human Disease 2	
Kaz Nelson	INMD 6819 HHD – N & P (14-15)	X
Catherine Niewoehner	INMD 6810 Human Disease 3	X
James Nixon	INMD 6803/6805/6806/6807 ECM 1, ECM 3A/B/C	
Jan Norrander	INMD 6801 Human Structure and Function	X
Deborah Powell	INMD 6817 Principles of Pathology, MS2 Pathology Thread	
Michel Sanders	INMD 6802 Science of Medical Practice	X
David Satin	INMD 6803/6804/6805/6806/6807 ECM 1, ECM 2, ECM 3	X
Lisa Schimmenti	INMD 6802 Science of Medical Practice	
Peter Southern	INMD 6812 Microbiology	X
Heather Thompson Buom	INMD 6811 Human Disease 4	X
Doug Wangenstein	INMD 6814 Physiology	X
Tony Weinhaus	INMD 6801 Human Structure and Function	X
Kevin Wickman	INMD 6818 Principles of Pharmacology	
Mary Ramey	MS2 Lab Med/Path Coordinator	X
Mikhail Klimstra	MS2 Student Representative	
Kelly Setterholm	MS1 Student Representative	X
<i>Mark Rosenberg</i>	<i>Vice Dean for Medical Education</i>	X
<i>Kathy Watson</i>	<i>Senior Associate Dean for UME</i>	
<i>Jeffrey Chipman</i>	<i>Assistant Dean for Scientific Foundations</i>	
<i>Majka Woods</i>	<i>Assistant Dean for ACE</i>	X
<i>Anne Pereira</i>	<i>Assistant Dean for Clinical Education</i>	
<i>Marshall Hertz</i>	<i>Faculty Advisor</i>	
<i>Brad Clarke</i>	<i>ACE Curriculum Specialist</i>	
<i>Leslie Anderson</i>	<i>Chief of Staff, Medical Education</i>	X
<i>Scott Slattery</i>	<i>Director of Learner Development</i>	
<i>Anne Edverson</i>	<i>Medical School Registrar</i>	
<i>Brian Woods</i>	<i>Lead Course Manager</i>	X

Guests: n/a

The meeting was called to order at 7:32am by Steve Katz.

Kaz Nelson & Brent Clarke were introduced as the new co-course directors for HHD-N&P, beginning in the 2014-2015 academic year

Minutes

Draft minutes from the May 2 meeting were reviewed. It was moved and seconded to approve the May minutes as amended. The motion passed unanimously.

Announcements

Distinguished Teaching Awards: Sharon Allen, Kevin Wickman

Congratulations to Dr Allen & Dr Wickman for winning this award! It's university-wide, and is a "bear to capture". It is a great accomplishment

Interprofessional updates

AHC continues to work on interprofessional work & FIPCC. This will impact clinical courses more than years 1-2. They are revamping curriculum; we await for updates.

AAMC Teach for Quality

From the AAMC's website: *Teaching for Quality (Te4Q) is a faculty development program that trains clinical faculty how to effectively teach quality improvement and patient safety (QI/PS) to medical students, residents, and other clinicians. By training clinical faculty how to integrate QI/PS across the continuum of medical education, Te4Q ensures that QI/PS is a part of medical education from day one.*

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New 2-day curriculum for quality teaching. Karen Baum is our contact and we are considered a quality site. This is a workshop on how to teach quality improvement. We'll have an open call for 30 people. Curriculum is based on how to teach adults. It will take place over two days on September 10 & 11.

AAMC Diversity & Inclusion: Mark Nivet

no announcement

Annual Course Reports

ECM: WLC – David Satin

Refer to ACR handout for details.

ECM is 13 related courses over 2 years. There are classroom & clinical components. One of the classroom components is the Wednesday longitudinal curriculum (WLC). These sessions address topics including History of Medicine, Social Science, Healthcare Structure, Ethics.

ECM 2 has small groups on Wednesdays with the facilitators who worked with them in ECM 1, as well as a lecture component.

Student reviews have been very consistent over the last 2 years. Average scores have been steady over the 2 years. There was 1 failure this past year in the WLC. Dr Satin has been making the take-home exam harder and it will be graded tougher. Students now have more resources. *Question: Are these essay exams? Yes, they are short-answer at about 40 word answers.* These catch people who don't have a good command of writing and getting their thoughts down in a concise form. The exams are labor-intensive to design & grade. There is no exam for ECM 1.

Experts are brought in to present specific topics. Pre-materials give a basic understanding of the topic, and speakers get into more detail and do their thing. Student feedback has been: give us the harder stuff & don't dumb it down.

Poster session (QI) constitutes the grade in ECM 3C. It's tough to recruit enough graders, though. *Question: We need to know the date sooner so graders can plan. Answer: The date is set, so we'll get it sent out soon.*

Dr Satin would love to see the data on how our students do on these topics in the USMLE exams. However, it's not possible to extract data on these topics from USMLE 1 to see how our students are doing.

Working well:

Much of the material has been reworked from past years and the ratings have been higher. Dr Satin wants to establish or re-establish links to other schools/centers at the U, including Center for Bioethics, and School of Public Health. Next year he will have the people that Carl Elliot (conflict of interest lecture) challenges. Elliot thinks all research is dirty. This will give a balanced view of this topic.

Areas of Concern:

See ACR.

Areas for Improvement:

Recruiting sufficient graders for poster sessions.

Providing some kind of honorarium to speakers, rather than relying on their kindness & good-heartedness.

Many people have great ideas for new topics—encountering new topics and ideas that come in gets overwhelming.

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Questions/Comments?

Dr Rosenberg suggests that Dr Satin can refer questions & new ideas to the work group leaders for integrating health policy; quality improvement; interprofessional education.

As to relying on the kindness of strangers, they do get parking, and all courses deal with this to some extent. Dr Katz asked what is the cutoff? How much work requires compensation? Dr Rosenberg pointed out that speakers get intangible benefits, including interaction with medical students and being part of a University setting. Dr Niewoehner mentioned that community people get U access (i.e. email, library).

Dr Katz wants to know about how decelerated students should be handled in connection with ECM 3B & 3C. How should we handle this scheduling?

Dr Satin points out that the ECM WLC relies on the POCC sessions to have the clinical experience. Can you do the POCC's without having the year 2 disease courses? Yes-probably. Dr Allen is concerned about the gap in clinical training between POCC & 3rd year clinicals is a problem. Students may have to have some remediation or refreshers before the clerkships begin.

Student Issues/Concerns/Questions

No Agenda Items

Discussion

Setting Honors Criteria finalization

Dr Katz reviewed the history of this discussion. This is to be a final decision so student leadership can discuss it. Using the table, course directors can compare their Honors criteria with other courses; changes may be incorporated. Some course directors add criteria, such as professionalism, completion of assignments, attendance.

Some criteria include a caveat that Honors criteria level could be lowered = if the exam gets harder, it would be harder to achieve Honors. Dr Satin would like some wiggleroom. But Dr Southern is concerned that adjusting the criteria would reestablish the current practice. However, lowering would guarantee a minimum number of Honors students, without making it competitive between students.

Kelly Setterholm reaffirmed that changing the student culture is the primary purpose of this policy. The competition between students must be eliminated, and Honors would be earned by students on their own merits.

Judgment calls can be controversial in areas like participation. Completion of the course evaluation is also required by some courses. It's part of a student's professional obligation to complete this. However, we can't legally hold anyone to evaluation completion. It's a risk to require this, as forcing students to complete the survey may cause lax responses.

4 _____ Completing evaluations is not a burden; it's a professionalism issue that is tied to their whole career. If it's a standard of the profession, how can it be illegal?

STRAW VOTE: is it ok for some courses to require complete of the course evaluation for Honors? All voted yes with one abstention.

Kelly suggested that not all courses should require this; it may cut down on responses. Other comments included: if only the top students respond, it could skew the results; if not "enough" students get Honors, perhaps the course grading rubric would have to be changed.

Consensus is that 1) all courses will required completion of the course evaluation, 2) all courses may lower the percentage required to earn Honors at the discretion of the Course Director.

This policy would be sent to student council for approval for the 14-15 year.

Question: Can a decelerated student get Honors? Would they have an unfair advantage due to extra time? Deceleration to get Honors is not a valid excuse, even though several students have requested deceleration for this reason. Dr Katz—for the most part, deceleration is usually for a good reason; there's usually not a good reason to deny deceleration. After this discussion, the consensus of the committee is *yes, a decelerated student can receive honors.*

Dr Wangenstein suggested a discussion of the issue of year-long honors consideration. This topic was tabled until a later meeting, due to time considerations; also Dr Watson needs to be in attendance for the discussion.

Procedure on rescheduling missed exams

Dr Katz communicated the background for revisiting this policy. Individual Course Directors were handling this procedure differently. Brad would then record postponements. COSSS started to see a pattern of postponement over multiple courses with individual students.

A clearer procedure is necessary to address the professionalism of constant postponement and to have a centralized record of all student postponements. There are specific criteria to be used for mid-term & final exam. Course Directors may decide any non-high stakes exam postponements. Brad Clarke & Scott Slattery will then know whether a student is doing this constantly. They will apply the criteria consistently.

Dr Katz believes that adding this information to the course syllabus will help cut down on postponements. Re-exams would now be scheduled through the OME, within a week of the scheduled exam, during an ILT time. All rescheduled students would take the exam re-take at the same time, including lab exams. Course directors would be consulted to set up the lab practical.

Dr Southern would like it codified that no exam can be taken early, before the scheduled exam date & time. Kelly Setterholm emphasized that the policy needs to be enforced from the beginning of all courses; give the hard love. This will keep student folklore from developing.

After discussion, consensus is that the criteria should be reorganized into two tiers of: 1) Family Emergency, Religious Holidays & Restrictions, Personal Illness, 2) Other (which *may* be considered, on an individual basis). Dr Niewoehner reminded the committee that there was a past discussion in SFC identifying the above criteria only.

There is now a redesigned form to complete. The categories of conflict will need to be redone to reflect any changes in criteria. Documentation needs to be required. However, it's nearly impossible to get a complete, detailed, informative, individualized letter from Boynton.

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Dyad Review

Tabled until August.

There is no SFC meeting in July.

The next SFC meeting is August 1, 2014.

The meeting was adjourned at 9:00am.

Respectfully submitted,
Brian Woods

Annual Course Review (ACR)

University of Minnesota Medical School

Course: ECM 1,2,3ABC Wednesday Longitudinal Curriculum (WLC)

Course Director(s): David Satin, Sharon Allen, James Nixon

Instructional Review Timeframe (End of Course):

1. Briefly describe the learning outcomes for your course

Apply the following concepts in healthcare discussions and clinical reasoning:

- ECM1: History of Medicine, Antiquity to the future
- ECM2: Social science (clinician bias in race, sex...), ethics, law, and policy
- ECM3A: Healthcare Structure and Finance (Payment forms, Medicare, Medicaid, Hospice, Policy Series)
- ECM3B: Advanced Topics in Ethics Law and Policy (including Integrative Medicine)
- ECM3C: Quality Improvement (including organizational and political landscape of QI)

2. Describe what evidence you have that the outcomes are being achieved. Include student review information.

- Student reviews of meeting knowledge objectives (healthcare concepts) average 3.98
- Student reviews of impact on clinical aspects of the course (clinical reasoning) average 4.1
- One exam failure in past year with increasingly difficult exam questions (and grading)
- Classroom discussions at high level as noted by myself and multiple guest speakers
- Poster presentations similarly at a reasonable level (QI)
- Would like to see data from USMLE Step 1

3. Describe what is working well in your course.

- High student satisfaction with traditionally lower rated topics (average used to be 2.5-4.0)
- Continuing to maintain high quality guest speakers and recruit new stars including Law School (REESTABLISHED), Center for Bioethics, Center for Spirituality and Healing, Mayo Clinical Disparities Center (NEW), School of Public Health (NEW), Health Disparities Research Group (NEW), and an Outside National Speaker (NEW).
- Brought highly controversial figure to lecture on conflict of interest (ECM2) – students report being most engaged of any session (mostly in small group.)
- New Health Policy Series well done (my assessment) and well received by students (review pending)
- QI Poster session solid format
- NorthWest Health Sciences University “Integrative Medicine” field trip (and lecture) well received
- Law Series consistently a highlight
- Graders for poster sessions sufficient (barely)

4. Describe any areas of concern.

- Graders for poster sessions sufficient (barely)
- Course maintenance depends upon the kindness of expert guests (although historically this has worked)
- Constant (good natured, well intentioned) attempts by interested parties to add material to the course
 - This is usually not problematic but takes significant time (even just to explain that the element already exists in the curriculum)
 - Occasionally results in a big positive – i.e. Health Policy Series.

5. Describe any changes you intend to make for the next academic year.

- Expand Health Policy Series from 2 standard sessions plus one guest to 4 standard sessions, replacing reliance on an outside national speaker with an internal national speaker (Jean Abraham policy consultant to Bush and Obama Administrations) and adding a Healthcare politics session by Jim Pacala.
- QI expansion planning going forward through Dr. Rosenberg's initiative and UMHealth Grant attempting to have students implement QI work longitudinally (rather than just studying and proposing a QI project.)
- Connecting with Sports Medicine and Palliative Care fellowships for expanded expertise in ECM1/2
- Planning new Research Ethics session (ECM3B) with Department of Psychiatry to address "Ethical issues in research – conflicts of interest and research involving vulnerable populations."
- Considering expanding faculty facilitators/small groups into year 2 (currently only in ECM1/2).