

Scientific Foundations Committee

September 5, 2014

7:30 – 9:00 am

Mayo B-646

Minutes

2014-2015 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	
Richard Amado	INMD 6815 Human Behavior	
H. Brent Clark	INMD 6819 HHD – N & P	x
Eli Coleman	INMD 6816 Human Sexuality	
Greg Filice	MS 2 ID Thread	x
Glenn Giesler	INMD 6813 Neuroscience	
Bob Kempainen	INMD 6808 HHD – C & R	
Anne Minenko	INMD 6809 HHD – R, D & O3	
Kaz Nelson	INMD 6819 HHD – N & P	x
Catherine Niewoehner	INMD 6810 HHD – R & E-R3	
James Nixon	INMD 6803/6805/6806/6807 ECM 1, ECM 3A/B/C	
Jan Norrander	INMD 6801 Human Structure and Function	
Deborah Powell	INMD 6817 Principles of Pathology, MS2 Pathology Thread	x
Michel Sanders	INMD 6802 Science of Medical Practice	x
David Satin	INMD 6803/6804/6805/6806/6807 ECM 1, ECM 2, ECM 3	
Lisa Schimmenti	INMD 6802 Science of Medical Practice	
Peter Southern	INMD 6812 Microbiology	x
Heather Thompson Buom	INMD 6811 HHD – GI & Heme	
Doug Wangenstein	INMD 6814 Physiology	
Tony Weinhaus	INMD 6801 Human Structure and Function	
Kevin Wickman	INMD 6818 Principles of Pharmacology	x
Mary Ramey	MS2 Lab Med/Path Coordinator	x
Kevin Kay	MS2 Student Representative	
TBA	MS1 Student Representative	
<i>Mark Rosenberg</i>	<i>Vice Dean for Medical Education</i>	x
<i>Kathy Watson</i>	<i>Senior Associate Dean for UME</i>	x
<i>Jeffrey Chipman</i>	<i>Assistant Dean for Scientific Foundations</i>	
<i>Majka Woods</i>	<i>Assistant Dean for ACE</i>	
<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>	x
<i>Leslie Anderson</i>	<i>Chief of Staff, Medical Education</i>	x
<i>Scott Slattery</i>	<i>Director of Learner Development</i>	x
TBA	<i>Medical School Registrar</i>	
<i>Brian Woods</i>	<i>Lead Course Manager</i>	x

Guests: Chelsey Jernberg

The meeting was called to order at 7:33am by Steve Katz.

Minutes

Draft minutes from the August 1 meeting were reviewed. It was moved and seconded to approve the August minutes as submitted. The motion passed unanimously.

Announcements

Suzanne van den Hoogenhof would like all Annual Course Reports from 2013-2014 for the state of the curriculum report preparation. Submit directly to Suzanne by 9/12.

USMLE changes to begin in 2016:

Step 1—additional focus on QI, patient safety. We've already begun integrating these in our curriculum through ECM and will be expanded into other courses.

Step 2 CK—QI, public safety/health, interprofessionalism. We'll continue our initiatives in these areas that have already begun in clerkships.

More information is available on multiple bulletins on the USMLE web site but they are not clearly or easily available, however. USMLE is trying to integrate clinical realities into Step 1. There will be sessions about these changes at the fall AAMC meeting. Early registration fees end at the end of September.

The QI/patient safety workgroup, led by David Satin, will begin in December 2014 to integrate QI/patient safety in all courses in years 1 & 2.

Annual Course Reports

Principles of Pathology – Deborah Powell

See attached ACR document for details.

Course objectives are available on the ACR.

Evidence of outcomes being achieved:

No students failed this year! That's a 1st, but the grading rules had to be changed. Minimum scores were adjusted for seven students who barely failed either the lab *or* the written exam. Two of the seven have availed themselves of the opportunity offered by Dr Powell to talk to her about their course performance.

Students believe the objectives were met this year.

Working well:

Lab comments are getting better. The lab is becoming more participatory and case-based; it's not a mini-lecture, but is more hands-on. One continuing area of concern here is the variability of the lab instructors. Comments relate to the ability of the lab instructors.

At this point, there is a lack of faculty for labs. In the past, senior residents have been used. Dr Powell tries to have two faculty members per group, extending from the 1st year all the way through the 2nd year pathology threads. But it's time-intensive for the faculty, and recruiting is difficult.

Bad comments are dwindling.

Areas of Concern:

Not enough practice questions or old exams. Students always want more. This is a topic to be discussed in a future SFC meeting.

ANKI cards have been created for students, last year with the help of students. However, there were no student volunteers in 2014 to help create the cards, so students were annoyed that they did not get them sooner!

ISP cases: just one part of the course. In groups of 4, they get they get an image. Using the image, they decide the diagnosis, check that it's correct with the lab advisor, and then write a 3-4 page paper explaining the diagnosis, citing sources and references. This is a team exercise as well as diagnostic test. The quality of the case reports was higher this year, as there was a sample provided to the students. There was a prize for the best presentation and there is also peer evaluation for the projects.

Students did not like the grading process. The ISP grading will be adjusted for next year, as the required points to pass were too low. This project constitutes only @13% of the total points.

Areas for Improvement:

There are now opportunities to attend an autopsy at the Medical Examiner's office during ILT time. The Medical Examiner will come to give a lecture, as well.

Grading for Honors & the ISP cases will change. Weekly review questions will be added. The lectures will be reordered to redistribute material more evenly throughout the course.

Challenges this year:

Number of faculty—There are not enough.

Course evaluation process—This year's evaluation didn't get done in time with MEDED office personnel changes. The student Peer Evaluation didn't get sent out/opened in time. The evaluation deadline needed to be changed because of this. And students don't take it seriously, even though it's part of the grade calculation. Also lab instructors were left off of the course evaluations, so this year's lab instructors have no data on their teaching.

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Questions/Comments:

Evaluations

The Pharmacology evaluation didn't go out when supposed to, as well. There was a small glitch in Physiology. Microbiology had an extra, extraneous section on its evaluation.

Dr Watson emphasized that UME take course evaluations very seriously and is working to get the evaluation process clearly laid out and functioning smoothly. Dr Powell emphasized that Course Directors need to work with the evaluation manager to get their evaluation formatted and reviewed early in their course, in order to include questions that are unique to a course, as well as the standard core questions for all courses.

Dr Katz mentioned that the dental school requires evaluations in order for students to get grades! Dr Watson agrees that students should not get points if they don't submit the evaluation if it's required, but that students need to know clearly how the evaluations are used and the importance of the feedback.

If anyone has suggestions about how to get students to complete the Peer Evaluations, send those suggestions to Dr Powell.

Student Issues/Concerns/Questions

No Agenda Items

Discussion

2014 Summer Enrichment pilot – Scott Slattery

Slides included at end of minutes. Highlights include:

The program prepares students before enrollment in order to get them set for the ‘firehose’ of information that they encounter. It includes both academic & cultural (acclimation) components. This year was a pilot program in order to see what would be effective.

There were 6 different touchpoints to select students. BCPM = Biology/chemistry/physics/math. 8 students of 22 from the risk-factor categories responded to the invitation; 8 students from the general class invitation responded; there were 16 students total admitted to the program

4 objectives

- focused on academic preparation
- medical school acclimation
- longitudinal support: weekly contact with a peer mentor throughout the 1st year
- pilot program: what works, what can be changed for successive years, ongoing assessments

The program schedule ran over seven days, with a combination of academic experiences and wellbeing resources. Additional elements included lunches with faculty & staff, longitudinal support, and assessment and evaluation. There was a self-assessment at the first meeting and again after the program was completed. (The post-program evaluation was very positive. The key feature is that connections with the MS2 peers and tips/advice from them were most valuable.) Additional self-assessments will come at the end of semester, the end of year, and bi-weekly throughout the year.

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There was concern expressed by the committee that one of the mentors was a student who had failed courses in the first semester. Dr Slattery explained how the peer mentors were chosen, and views the mentors who struggled academically as representative of students who struggle and they were there for the experiential side of the student experience.

Dr Filice wondered if the year 2 students who struggle are the same in year 1? Sometimes yes/sometimes no. There is no way to predict with certainty; circumstances are a major factor. This program will be a good way to watch certain students through the two years.

Students highly recommend the program for next year. Getting to meet the staff and faculty was important. Future considerations include; assessments, use as a recruitment tool for admissions, formal study of the program and its participants, assess the cost effectiveness of the program.

Data Integration Project – Mark Rosenberg

Slides included at end of minutes. Highlights include:

Three observations to begin:

1. What we do in MedEd should be data driven.
2. There are many stakeholders with many different questions.
3. There is a lot of data, in many different places, in many different kinds of spreadsheets.

Some big questions are: Can we predict who will be a good doctor? What are those characteristics? Does where you train effect your practice?

Not a week goes by when OME is not asked by someone for some kind of data. At this point, there are lots of data sources, so most of the digging is a manual process to gather & sift this data. Research is important, as well.

OME is collaborating with AHC-IT to develop a data integration interface to report <70 data sources in a clear fashion, perhaps in a dashboard-type format. There are also aspects of sensitivity of the data, i.e. human subject approval for scholarship, and who gets access to the data. But the project is underway. It's not easy & it's not cheap & there is no timeline at this point, but OME is working with AHC-IT to develop that timeline.

Course Directors should submit the kinds of questions or data needs they want. Students were also asked about what guides their success and academic process. Questions from Data Integration paths are primary. This is a problem and a process that many medical schools across the country are struggling with?

Question: How far back should we go? 5 years, when new curriculum was in place? When certain requirements were dropped? The general question is more important: has the change in requirements affected the track and number of failures?

Question: Can we poll other schools, such as the Carlson School, who may need the same kind of measurements? How can we find out the quality of a doctor after they graduate from med school? Is this even trackable in the short & long-term? Prediction is very hard, as is tracking, as once a student graduates, the Med School does not keep in touch with them.

The goal is to have all the data in a single database warehouse. This is challenging because all the sources don't talk to each other, correlate with each other, nor is the data labeled in the same way.

5 The NBME & AAMC data commons can be a guide for how we organize/sift data. OME and the AHC-IT could connect and investigate how this was accomplished.

Question: Are the benefits of the database worth the cost of producing it? Are these data numbers going to change who is accepted or whether changes are made to the curriculum? Would OME be doing it just to do it? The information would be used as a data-driven approach to drive strategy.

It will be important and interesting to see the correlations between data and student performance, and there needs to be a clear process for how the data will be used. Two ideas: 1. Perhaps this can be a way to refine and focus medical education; 2. Perhaps this data project can help support guidance during a student's time in medical school.

FUTURE AGENDA ITEMS

Suggestions from Course Directors for future SFC meeting topics:

- Testing/practice questions
- ExamSoft & BlackBag assessments
- ILT feedback
- BlackBag search functionality

The next SFC meeting is October 3, 2014.

The meeting was adjourned at 9:03 am.

Respectfully submitted,
Brian Woods