

JOINT MEETING
Clinical Education Committee
Committee on Undergraduate Medical Education Duluth
Scientific Foundations Committee

January 8, 2016
7:00 – 8:30 am
Mayo B-646 & by Polycom

Minutes

2015-2016 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	
David Baldes	INMD 6815 Human Behavior	
H. Brent Clark	INMD 6819 HHD – N & P	x
Greg Filice	MS 2 ID Thread	
Glenn Giesler / Matthew Chafee	INMD 6813 Neuroscience	/ x
Bob Kempainen	INMD 6808 HHD – C & R	
Robert Morgan	INMD 6809 HHD – R, D & O ³	x
Brian Muthyala	INMD 6803/6804/6805 ECM 1, ECM 2, ECM 3A	x
Kaz Nelson	INMD 6819 HHD – N & P	x
Catherine Niewoehner	INMD 6810 HHD – R & E-R	x
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
Michael Ross	INMD 6816 Human Sexuality	
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	x
Tony Weinhaus	INMD 6801 Human Structure and Function	
Kevin Wickman	INMD 6818 Principles of Pharmacology	x
Mary Ramey	MS2 Lab Med/Path Coordinator	x
Nicole Cairns	MS2 Student Representative	x
Blake Stagg	MS1 Student Representative	x
<i>Mark Rosenberg</i>	<i>Vice Dean for Medical Education</i>	x
TBD	<i>Associate Dean for UME</i>	
<i>Jeffrey Chipman</i>	<i>Assistant Dean for Curriculum</i>	x
<i>Anne Pereira</i>	<i>Assistant Dean for Clinical Education</i>	x
<i>Michael Kim</i>	<i>Assistant Dean for Student Affairs</i>	x
<i>Suzanne van den Hoogenhof</i>	<i>Interim Assistant Dean for Assessment & Evaluation</i>	x
<i>Brad Clarke</i>	<i>Director of Curriculum</i>	x
<i>Jim Beattie</i>	<i>Director of MEDS / FCT Course Director</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
<i>Heather Peterson</i>	<i>Medical School Registrar</i>	x
<i>Brian Woods</i>	<i>Lead Course Manager</i>	x

Guests: Pat Schommer, Chelsey Jernberg,

The meeting was called to order at 7:02am.

Student Issues/Concerns/Questions

None

Discussion

Education Leadership Retreat Summary – Dr Rosenberg

See attachment for more detail.

Dr Rosenberg gave a general background refresher of the Education Leadership retreat which occurred in February 2014. This retreat led to the creation of the workgroups (Interprofessional Education, Quality Improvement & Patient Safety, and Public Health & Public Policy. A second Medical Education retreat took place in September, 2015, and was a chance for leadership from both the Duluth and Twin Cities campuses to come together for a day of discussion and planning around Medical Education.

Some highlights of the Retreats:

- Synchronize start & stop dates between campuses
- Need for constant curriculum revision, at both
- Clinical rotations are being redesigned; goal is 2017
- Changing goals will require curriculum renewal
- It was determined that while Years 3 & 4 are being redesigned, Years 1 & 2 will have to be redesigned, too.
- The target date for curriculum redesign to be in place is 2019. An operational plan will be forthcoming
- We will begin to survey students at the end of Year 2, to incorporate more “checking-in” with them
- There will be more active learning strategies, which the new building will facilitate
- 2019 is our next LCME visit, and we will start preparing for the visit now.
- There was clarification of the UME governance structure, and explanation of the role & purpose of each committee
- There are five key items for UME coming up:
 - New leadership is coming on-board; Bob Englander, Associate Dean for UME
 - Pending legislative approval, a new health sciences building, will replace Masonic & VFW buildings, and flow to the Two Towers. It will be designed for interprofessional education & active learning, simulation.
 - A functional large health system is important for large Medical Schools. The upcoming merger of UMP & Fairview will accomplish this.
 - LCME site visit in 2019.
 - Disruptive innovation—There are health systems which are starting their own medical schools, or large corporations that are starting their own business school.

Questions:

What will be the benefits to Medical Education of the merger of UMP & Fairview? Healthier finances for the health system and the Medical School, enlarged site placement pool, larger learning system.

How do current faculty & users have early and often input into the design of the new building? In the current pre-design phase, there have been 5 swim lanes of stakeholders for general input. Once the design phase starts, there will be more input solicited, including from students & faculty. The building is for all AHC schools, so the needs of all schools need to be considered.

Is there a role for advocacy for the building at the state level? There will be a plan developed for advocacy by the offices at the University who organize these things. More information will come.

What will be in the building? This is a teaching building; there will be minimal office space. 110,000 square feet. \$100 million budget.

Mapping of PCRS & Core EPA: Assessments – Drs Van den Hoogenhof, Pereira, and Chipman

Dr Pereira set the stage for the mapping through context:

- PCRS (Physician Competency Reference Set) replaced prior UMN competencies
- We will map how each PCRS is assessed across the curriculum
- This will align with the curriculum mapping project, now beginning in Years 1 & 2, which will soon expand to Years 3 & 4
- It will contribute to the foundation for the upcoming curriculum redesign

Dr Van den Hoogenhof explained why the mapping of competencies is happening:

- To find any holes in the curriculum
- Currently, there is a lack of confidence in assessments (i.e. clerkships can be very subjective). It can also be hard to interpret assessments outside the specific course or clerkship.
- Identify longitudinal tracking
- Prepare for expected AAMC & LCME requirements. Set the stage for LCME visit.

Dr Chipman explained that we have to address whether we assess the PCRS domains, and not just show that they are mapped. It's also an opportunity to ask whether the first 2 years can assess other competencies not traditionally or currently assessed. This process of PCRS assessments is comparable to the ACGME rollout of competencies in the early '00s. Yes, there may not currently be assessment tools, but we can & will develop these for the PCRS, as we did for the ACGME competencies.

Dr Van den Hoogenhof then led the group through 2 exercises:

1. Determine whether individual competencies are currently assessed.
2. Rank the importance of assessing each competency in an ideal world.

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Each TC small group and Duluth then reported their determinations of importance for one of the competencies. There was lively discussion of how and when assessments would be developed and delivered. Dr Chipman shared an example from the surgical residency of an assessment tool that was developed.

Dr Van den Hoogenhof will send the PCRS document and reminder to all course/clerkship directors. Remember: don't get stuck on what kind of assessment will work; this is in an ideal world. Once she has gathered all the data, she will determine whether an institutional/course/other type of assessment would work best.

The meeting was adjourned at 8:30am.

Respectfully submitted,
Brian Woods

Medical Education Leadership Retreat – Major Results September 21 and 22, 2015

1. There needs to be continuous curriculum improvement
2. Synchronize start and stop dates across campuses
3. Implement 2017 clinical training reorganization
 - a. Implement attached plan for year 3 and 4 in spring 2017
 - b. 2017 Year 2 end dates for Duluth and Twin Cities campuses synchronized but not changed – mid April
 - c. Year 3 starts May 7, 2017
 - d. USMLE Step 1 taken anytime from May thru December 2017, ideally after some foundational clerkships and after a 4 week elective period
 - e. Implications for RPAP/MetroPAP/VALUE/EPAC needs to be explored
 - f. Year 4 students would have elective time to interview
4. Curriculum renewal
 - a. There was consensus that a more major curriculum renewal was needed focusing on shortening the foundational years, bringing basic science content back to clinical years, implementing earlier and more meaningful clinical experiences, filling in gap areas related to PH/HP, QI, IPE, greater focus on assessment with implementation of longitudinal assessment
 - b. Target 2019 for major renewal coinciding with opening of new education building on TC campus
 - c. Develop strategy for operational plan for curriculum renewal including communication plan (town hall forum) and value stream mapping
5. Develop plan for more effective communication across campuses and between educational administration and faculty. This should include comprehensive plan for videoconferencing/ITV.
6. Survey students regarding satisfaction with curriculum starting with end of year 2 survey for both campuses.
7. Continue with curriculum mapping across courses and campuses including core content for both campuses
8. Increase active learning pedagogy in first two years.
9. Begin LCME planning now in preparation for 2019 visit including private consult at AAMC and monthly LCME calls
10. Mission and vision statement for campuses needs to be reexamined – one or two mission/vision statements
11. Share governance structure diagram more widely
<https://www.meded.umn.edu/committees/>
12. Report results of retreat to ESC, SFC, CEC, CUMED, EC

Attendees: Mark Rosenberg, Paula Termuhlen, Leslie Anderson, Anne Pereira, Michael Kim, Alan Johns, Ruth Westra, George Trachte, Dimple Patel, Robin Michaels, Suzanne van den Hoogenhof, Jim Beattie, Bob Acton, Jake Prunuske, Brad Clarke, Stephen Katz, Brad Benson, James Nixon, Marianne Watters

Design Development:

Harvard Street

