

Scientific Foundations Committee

August 12, 2016

7:30 – 9:00 am

Mayo B-620

Minutes

2016-2017 Scientific Foundations Committee Members		
MEMBER	COURSE/ROLE	ATTENDANCE
Steve Katz	Chair (INMD 6814 Physiology)	x
David Baldes	INMD 6815 Human Behavior	
Matthew Chafee	INMD 6813 Neuroscience	x
H. Brent Clark	INMD 6819 HHD – N & P	x
Greg Filice	MS 2 ID Thread	x
Bob Kempainen	INMD 6808 HHD – C & R	x
Robert Morgan	INMD 6809 HHD – R, D & O ³	
Brian Muthyala	INMD 6803/6804/6805 ECM 1, ECM 2, ECM 3A	
Kaz Nelson	INMD 6819 HHD – N & P	
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 6821 Human Histology	
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	
David Satin	INMD 6803/6804/6805/6806/6807 ECM 1, ECM 2, ECM 3	
Peter Southern	INMD 6812 Microbiology	x
Heather Thompson Buom	INMD 6811 HHD – GI & Heme	x
Tony Weinhaus	INMD 6820 Medical Gross Anatomy & Embryology	x
Kevin Wickman	INMD 6818 Principles of Pharmacology	x
Blake Stagg	MS2 Student Representative	
TBA	MS1 Student Representative	
<i>Mark Rosenberg</i>	<i>Vice Dean for Medical Education</i>	
<i>Bob Englander</i>	<i>Associate Dean for UME</i>	x
<i>Anne Pereira</i>	<i>Assistant Dean for Clinical Education</i>	<i>x-via phone</i>
<i>Michael Kim</i>	<i>Assistant Dean for Student Affairs</i>	
<i>Suzanne van den Hoogenhof</i>	<i>Interim Assistant Dean for Assessment & Evaluation</i>	x
<i>Brad Clarke</i>	<i>Director of Curriculum</i>	
<i>Jim Beattie</i>	<i>Director of MEDS / FCT Course Director</i>	x
<i>Austin Calhoun</i>	<i>Chief of Staff, Medical Education</i>	x
<i>Scott Slattery</i>	<i>Director of Learner Development</i>	
<i>Heather Peterson</i>	<i>Medical School Registrar</i>	
<i>Mary Ramey</i>	<i>MS2 Lab Med/Path Coordinator</i>	x
<i>Brian Woods</i>	<i>Lead Course Manager</i>	x

Guests: Adam Maier, Nick Derrico, Sacha Broccard, Jeff Theismann, Michelle Frees, Mark Hilliard, Jeff Wallner, Troy Blackford

The meeting was called to order at 7:30am.

Minutes

Draft minutes from the June 10 meeting were approved as submitted.

Updates/Announcements

The Committee was reminded of the meeting and ACR presentation schedules for the 2016-2017 academic year. Due to a violation of the Secure Exam Policy, Course Management has prepared new rules for when students review an exam in the Course Management office. The revised policies and procedures for the Committee on Student Scholastic Standing (COSSS), which were referenced at the June 2016 meeting, are complete. Hardcopies of each of the documents mentioned were available at the meeting.

Bob Englander received two proposals in response to this course innovation invitation:

1. Pathology. Two pathology instructors will work on a cross-year (MS1 & MS2) course (re)design. Small groups will be used to improve narrative assessment. New activities may include flipped classroom, active learning, and online activities.
2. HHD2 will continue to develop lectures online, with a goal of having about half the lectures in that format for the 2016-2017 year. Prior online modules will be updated to incorporate competency mastery. The course will also engage student course LEADs in the primary team, the Course Manager for operational implementation, and Bob Englander hopes to engage staff or students from the School of Design to build innovative design elements.

Goals of course innovation are to develop the innovations as scholarly activity, disseminate the information to other Course Directors, work to convert most courses to evidence-based education, and have most of the curriculum changed or in the process of being changed before the new Health Sciences Education building is completed.

2

Student Issues/Concerns/Questions

BlackBag Curriculum Coordination Database – Nick Derrico

See attached PDF presentation for details.

Bob Englander provided background for this project. Students approached him & Anne Pereira with an interest in an education elective in order to map the 2nd year curriculum by disease/condition/drug. This request was approved as an opportunity for Course Directors to see where redundancies and holes are in connection with diseases that are covered in all five HHD courses. For students, it is an opportunity for them to make sense of the first 2 years of coursework.

Nick Derrico is one of the students who led this project. Over 3 weeks during summer of 2016, he & his team (Sacha Broccard, Jeff Theismann) built a curriculum database that shows what is important in every HHD lecture. Current narrative session objectives can be confusing to students without a background in diseases. So their database is organized by System → Disease → Drug → Lecture. The criteria for including a disease was whether it was mentioned in >5% of the PowerPoint slides for each lecture. They also cross-referenced the three most common STEP 1 preparation books to see what diseases were mentioned there. Both sources are linked in the database.

The results show:

- Diseases covered in HHD lectures but not in test prep books.
- Diseases covered in test prep books but not in HHD lectures
- Diseases that are covered in both sources

Results also show topics that are missing in lecture, and topics that have multiple repetitions.

The database is usefulness to the Medical School, as reports are available to Course Directors for what is covered in their individual course, and it shows the longitudinal coverage of a disease over many courses.

The database is useful for students, as it shows how many times a disease will appear over the course of the year. This is helpful in knowing whether more detail will come about a disease later in the year, or if it is the only time the disease will be mentioned.

The student team's request to the Course Directors: Are you OK with sharing this database/list with the MS2 students? Are you OK with having the data show in your individual course in BlackBag, using a method to-be-determined?

Heather Thompson Buom shared that she reviewed the data for her HHD2 course, and found it very helpful and enlightening. It showed deficiencies of topics not covered and it showed those topics that are currently over-emphasized in the course. She would like to use the information to let each course lecturer know how often students have seen a topic before their individual lecture.

Discussion included how the database would be maintained and updated; whether the entire curriculum (all courses) would have to be determined before an academic year starts in order for the longitudinal aspect of the database to make sense. Nick clarified that Course Directors could update their portion of this database at the same time their LCME objectives are updated and mapped.

Dr Niewoehner mentioned that one result of this project is that it shows what topics STEP 1 exams consider important and what diseases Course Directors consider important. Sometimes there is a big difference. Dr Filice expressed a concern that the database overlooks the fact that there often is a concept addressed in a lecture, and not just the disease itself. Dr Thompson Buom suggested that there are ways to conceptualize a disease without having just a long spreadsheet.

Annual Course Review

Physiology – Stephen Katz

See attached ACR for details.

Highlights of the 2016 Physiology ACR:

- Comparison of 2016 to 2015 core ratings shows that the course improved markedly from 2015 to 2016. The 2016 course was very different from the 2015 course. There were many, many changes in content, personnel, and course organization.
- Aliyu, the Course Manager, is outstanding!
- This course deliberately has multiple quizzes throughout the semester. They are low stakes, formative, and students find them very helpful to gauge their progress.
- There were several new instructors this semester. When a new teacher was brought on, they were not allowed to do the things the students didn't like in the old teacher who taught that section of the course. Dr Katz will be looking to improve the teaching scores in 2017, especially for the new lecturers.

- The dyad approach (PhD & MD both addressing a topic during lecture) continues to be very successful, and greatly appreciated by both students & the MDs who participate. There were two patients who presented that were faculty members who the students had previously seen.
- Hyun Kim is now teaching respiratory physiology, and will also teach it in HHD1 for topic carry-through.
- Dr Katz is looking to groom a co-Course Director and eventual replacement Course Director for the Physiology course.

Dr van den Hoogenhof asked if the Physiology demos could happen in the SimPortal. It's possible to use a sliver of ILT, as transfusion medicine does in HHD2, rather than take scheduled course time. Dr Katz is open to discussion of this possibility, but it will need a lot of planning, both logistically and for content.

Discussion by the committee turned to how to incorporate new teaching methods based on educational theory. Dr Katz tried this past semester, but the methods didn't go over well with students. As a result he will take a hiatus, re-evaluate, and possibly return to them in a later semester. Bob Englander reiterated the importance in all courses of testing for learning over time, and the differences in effectiveness of interleavement of material vs block teaching of material.

Discussion

Use/Purpose of the Annual Course Review & Course Improvement Plans – Bob Englander, Stephen Katz

Bob Englander would like each Course Director to approach their ACR with a Quality Improvement (QI) mindset. Use the data, find the 1-2 low points in the ACR, and strengthen those for the next year. Don't try to tackle everything every year. This is helpful for students, as it shows that courses are using their feedback to make positive changes. It's also helpful for accreditation, as it can show a real ongoing QI commitment in courses, and will ease the effect of any deficiencies. There are multiple pieces of data that can be used to evaluate and improve a course (i.e. Step exam scores in each discipline, faculty satisfaction, etc.), not just student feedback.

On each ACR, Bob Englander would like to see the strengths of each course highlighted, a call-out of those areas that need improving, and how those problem areas will be addressed. These items are already part of the ACR form, but Dr van den Hoogenhof is open to reformatting, if necessary.

Peer Review Committee (PRC) – Michelle Frees

See attached PDF presentation for details.

Michelle highlighted the following items about the PRC:

- Review of the roles and responsibilities of the PRC
- PRC does not determine consequences, only whether a violation has occurred
- PRC is a branch of Student Council. Eight elected members make up the PRC
- The procedure for PRC
- Faculty roles in regard to the PRC
- Documents (Statement of Intellectual Responsibility [SIR] and Medical Student Professionalism Code) are presented to first year students during Orientation, and are available on the Student Council website.
- The Medical Student Professionalism Code is purposely vague, is a living & breathing document, is reviewed each year. Professionalism includes deviation from instructions on written documents in each course.

The value of PRC is that it's a place for students; it's peer-review of suspected violations before possible Med School administration involvement or referral to COSSS. The number of students who come before the PRC varies year to year. In the 2015-2016 year there were none. PRC contact info is available on each BlackBag course site.

Other Business

There is an ongoing student concern about the availability of course schedules before the semester starts, and whether sessions are required or non-required.

ExamSoft testing software – There is planning going on now to find out what the possibilities are for using ExamSoft, including hiring a staff person to determine needs and logistics. There may be an opportunity later this academic year for courses to use it. The main concern is having a large space with consistent power sources for students. Bob Englander recommends that ExamSoft is tried out with a QI mindset.

Future Agenda Items

Suggestions from Course Directors for future SFC meeting topics:

- Increase or change calendar time for HHD3
- Create an official Audit course option for MS1 & MS2
- ExamSoft & BlackBag assessments
- ILT feedback
- Copyrights & resources (focused on what we *can* do)
- More BlackBag search examples, Gradebook, downloading, calendar, checking feedback cards
- Survey students about type of practice questions/formative
- The Four Habits Model (Michael Kim)
- Grades H P N in jeopardy?
- New promotion guidelines for teachers (non-tenure track)
- Mandatory (90 minute?) hidden bias training for Course Directors
- How might Dr. Christina Petersen's work in the Center for Educational Innovation support the work of the years 1 and 2 course directors?

The meeting was adjourned at 9:03am.

The next meeting is September 9, 2016, from 7:30-9:00am in room Mayo B-646.

Respectfully submitted,
Brian Woods

Quantifying Curriculum Mapping

Share our idea

Show initial analyses

Validate and deploy prototype

Calendar

[last week](#) | [today](#) | [next week](#)

	Mon Sep/07	Tue Sep/08	Wed Sep/09	Thu Sep/10	Fri Sep/11																					
8:00AM	08:00 AM-05:30 PM	08:00 AM-	08:00 AM-	08:00 AM-09:55 AM	08:00 AM-																					
9:00AM	<div style="border: 1px solid #ccc; padding: 5px;"> <p>Event Details ✕</p> <p>Course: Human Health & Disease: Cardio & Resp - INMD 6808</p> <p>Session: RESP: Asthma</p> <p>Date: 09/08/2015</p> <p>Time: 10:10 AM- 11:00 AM</p> <p>Location: Moos 2-650</p> <p>Instructor: Charlene McEvoy</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Define asthma. 2. Discuss the pathogenesis of asthma, including the role of allergens, IgE, chemical mediators and other precipitating factors. 3. Differentiate asthma from other causes of dyspnea based on typical history, symptoms, signs, pulmonary function tests and arterial blood gases. 4. Describe the physiologic basis for the increased work of breathing and hypoxemia associated with asthma exacerbations. 5. Describe the pathophysiologic rationale for the various therapies used in asthma treatment. <p>(less)</p> <p>Feedback Card</p> <p>Mediasite Course Video Catalog</p> <p style="text-align: center;">Assets:</p> <table border="1"> <thead> <tr> <th>Type</th> <th>Title</th> <th>Download File/Open URL</th> <th>Misc Actions</th> </tr> </thead> <tbody> <tr> <td>Note:</td> <td>RECOMMENDED READING</td> <td>Click to view</td> <td> </td> </tr> <tr> <td>Kaltura Video</td> <td>RESP: Asthma</td> <td>View ipad flash video/vp6 mpeg audio/ mobile / iphone</td> <td> </td> </tr> <tr> <td>File </td> <td>SLIDES - ASTHMA</td> <td>SLIDES_McEVOY_Asthma_HHD1_RESP_2015_2016.pptx</td> <td> </td> </tr> <tr> <td>File </td> <td>FULL PG - ASTHMA</td> <td>FULL_PG_McEVOY_Asthma_HHD1_RESP_2015_2016.pdf</td> <td> </td> </tr> </tbody> </table> <p>Click on an asset title to download file or visit URLs. All URLs will open in a new window.</p> </div>					Type	Title	Download File/Open URL	Misc Actions	Note:	RECOMMENDED READING	Click to view		Kaltura Video	RESP: Asthma	View ipad flash video/vp6 mpeg audio/ mobile / iphone		File	SLIDES - ASTHMA	SLIDES_McEVOY_Asthma_HHD1_RESP_2015_2016.pptx		File	FULL PG - ASTHMA	FULL_PG_McEVOY_Asthma_HHD1_RESP_2015_2016.pdf		08:00 AM-
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DzSystem	DzGroup	DzName
CARD	Congenital heart defect	AV canal defects
CARD	Congenital heart defect	Coarctation of the aorta
CARD	Congenital heart defect	Ebstein anomaly
CARD	Congenital heart defect	Hypoplastic left heart syndrome

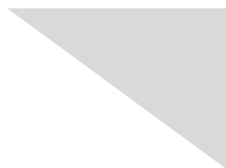
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CARD	Cardiomyopathies	Dilated cardiomyopathy
CARD	Cardiomyopathies	Hypertrophic cardiomyopathy
CARD	Cardiomyopathies	Restrictive/Infiltrative cardiomyopathy

• • •

ENDO	Thyroid:Neoplasms	Anaplastic thyroid cancer
ENDO	Thyroid:Neoplasms	Follicular thyroid cancer
ENDO	Thyroid:Neoplasms	Medullary thyroid cancer
ENDO	Thyroid:Neoplasms	Papillary thyroid cancer
ENDO	Thyroid:Neoplasms	Thyroid lymphoma

Quantify
Analyze
Engineer



Diseases/Drugs

01:25 PM-02:15 PM
 HHD: C&R:
PATH: Congenital Heart Disease
Robyn Reed

08:00 AM-09:55 AM
 HHD: C&R:
Group A - CARDIO Small Group I
Course Instructors

01:25 PM-02:15 PM
 HHD: C&R:
PATH: Myocardial Disease
Deborah Powell

10:10 AM-11:00 AM
 HHD: R&E-R:
ENDO: Thyroid Gland
Lynn Burmeister

03:35 PM-05:30 PM
 HHD: R&E-R:
Group A - PATH LAB: Pituitary, Thyroid, Adrenal, Parathyroid
Course Instructors

DzSystem	DzGroup	DzName
CARD	Congenital heart defect	AV canal defects
CARD	Congenital heart defect	Coarctation of the aorta
CARD	Congenital heart defect	Ebstein anomaly
CARD	Congenital heart defect	Hypoplastic left heart syndrome

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CARD	Cardiomyopathies	Dilated cardiomyopathy
CARD	Cardiomyopathies	Hypertrophic cardiomyopathy
CARD	Cardiomyopathies	Restrictive/Infiltrative cardiomyopathy

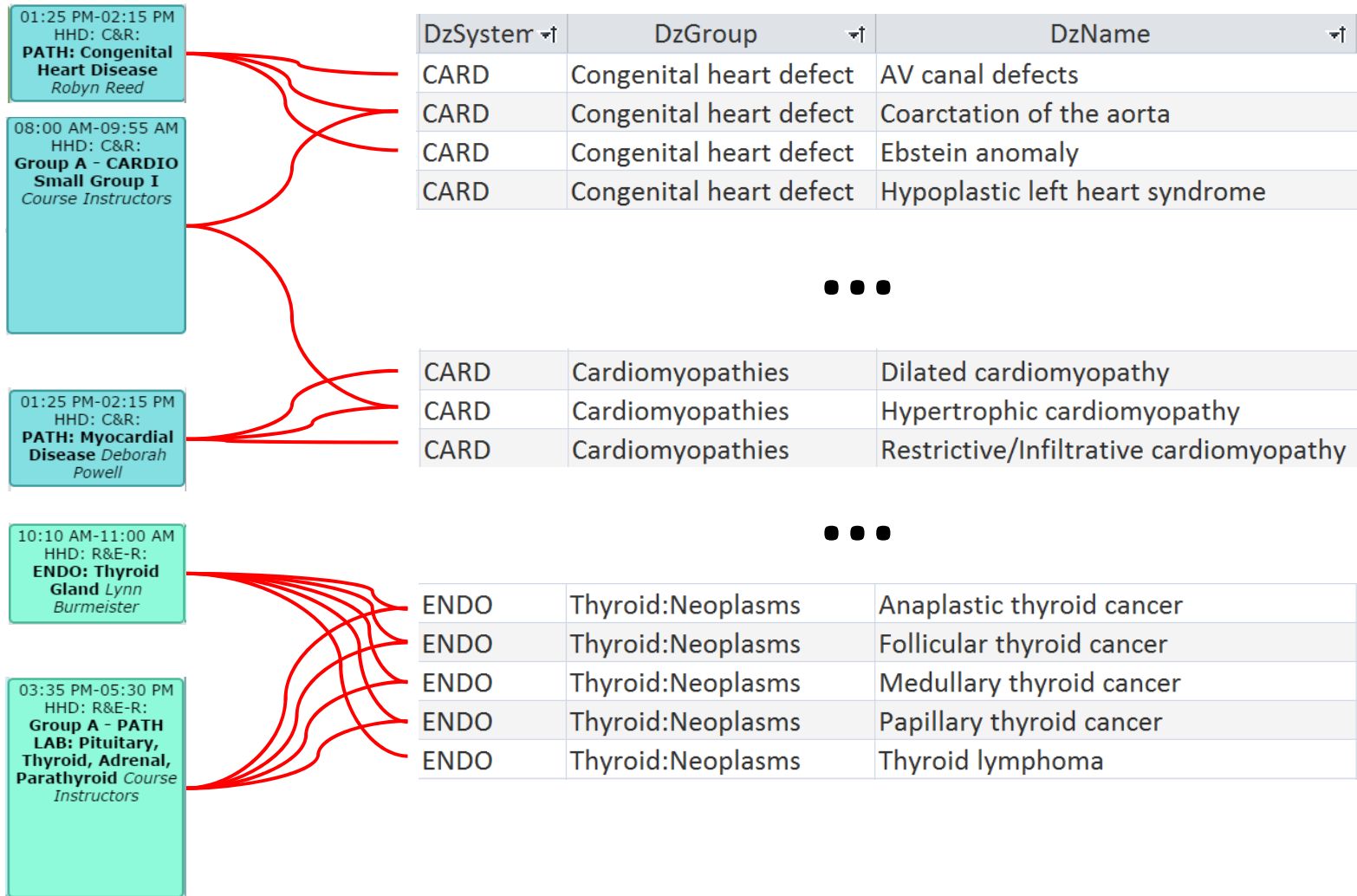
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ENDO	Thyroid:Neoplasms	Anaplastic thyroid cancer
ENDO	Thyroid:Neoplasms	Follicular thyroid cancer
ENDO	Thyroid:Neoplasms	Medullary thyroid cancer
ENDO	Thyroid:Neoplasms	Papillary thyroid cancer
ENDO	Thyroid:Neoplasms	Thyroid lymphoma

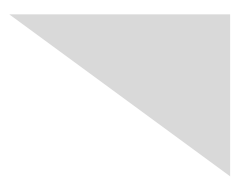
Quantify
 Analyze
 Engineer



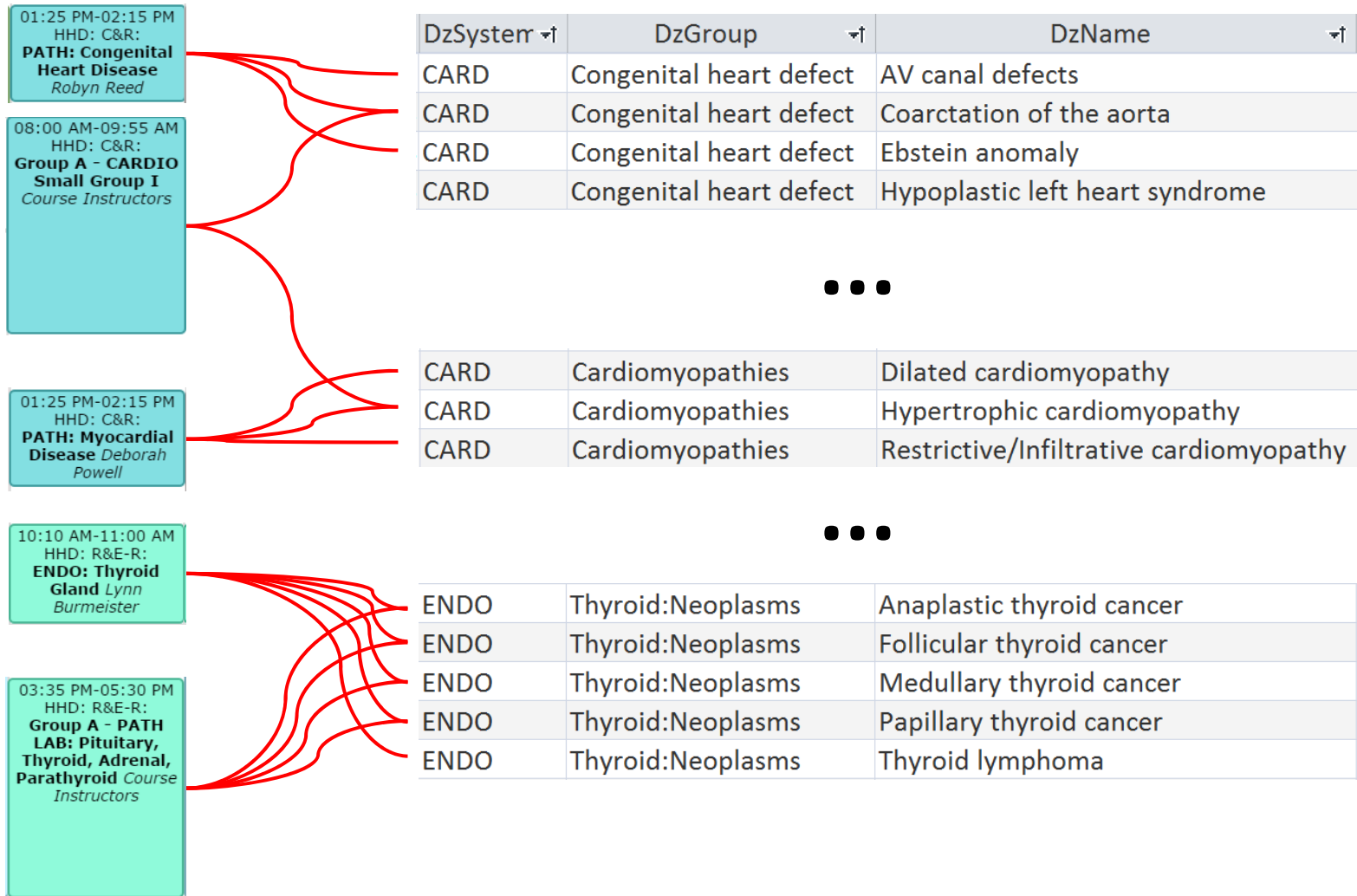
Diseases/Drugs
 Lectures



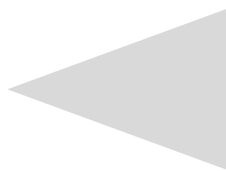
Quantify
Analyze
Engineer



Diseases/Drugs
Lectures
Connections

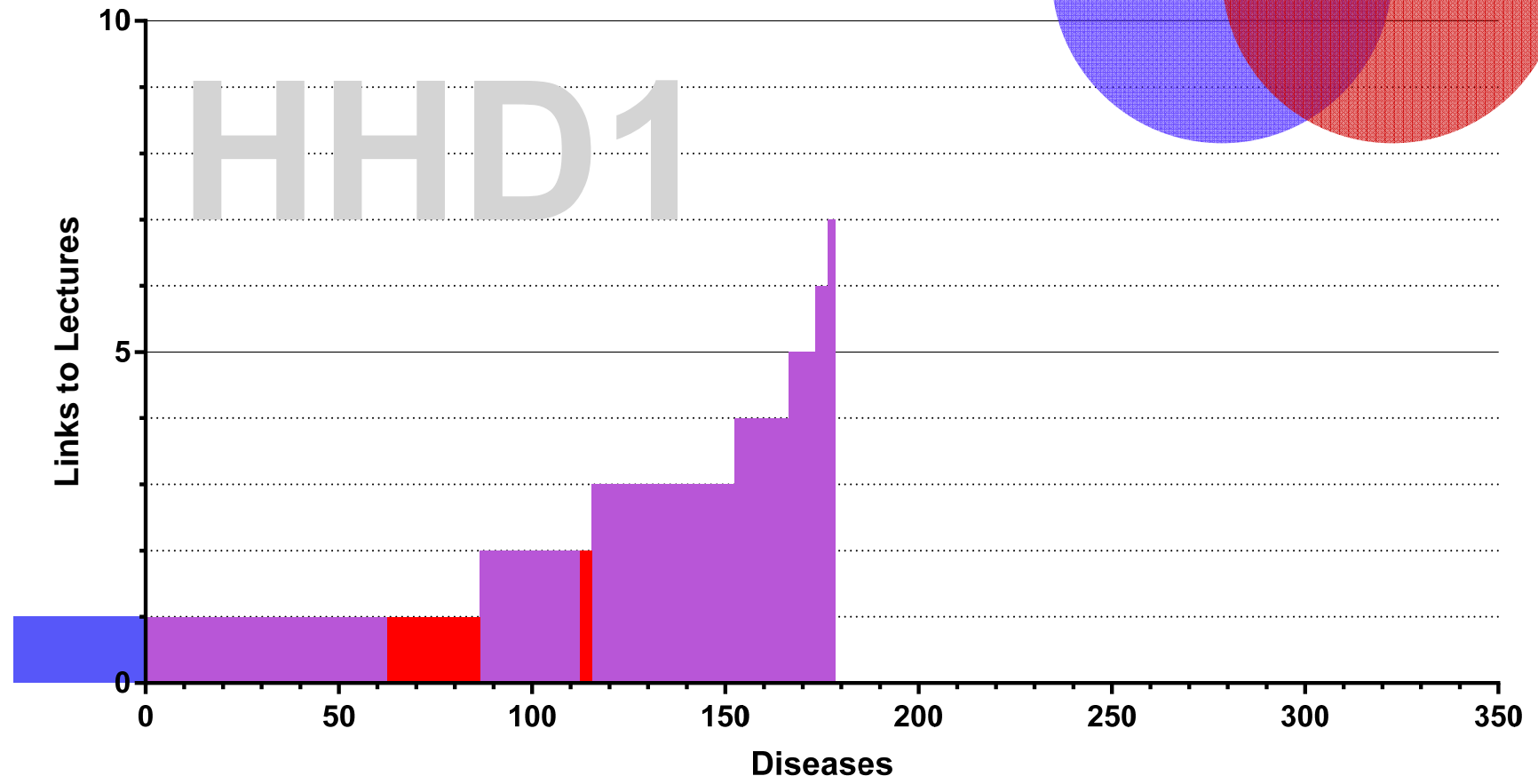
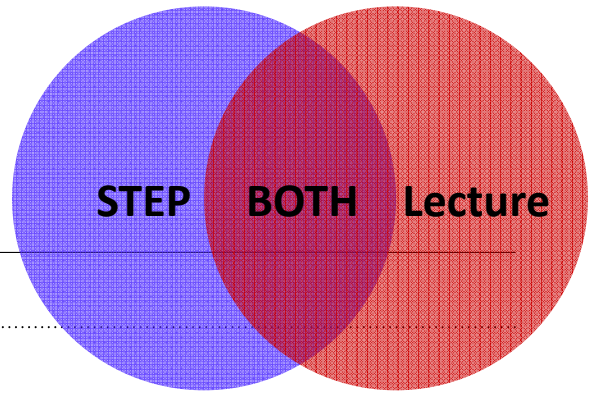


Quantify
Analyze
Engineer



Completeness
Repetition
Sequence

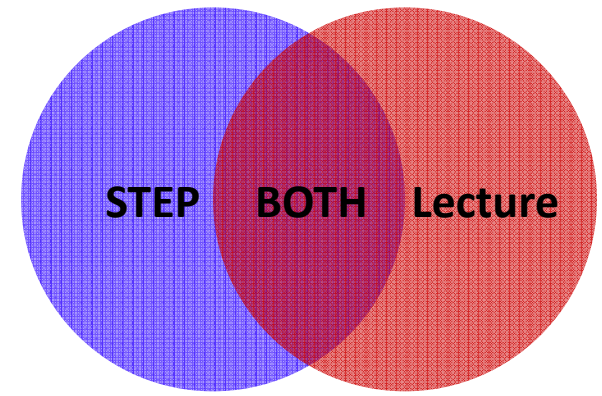
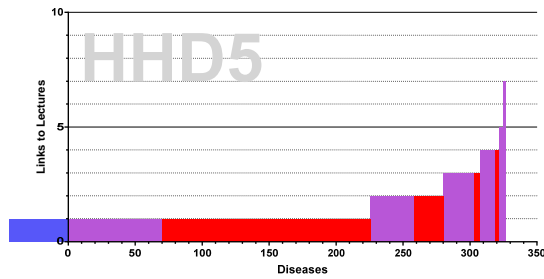
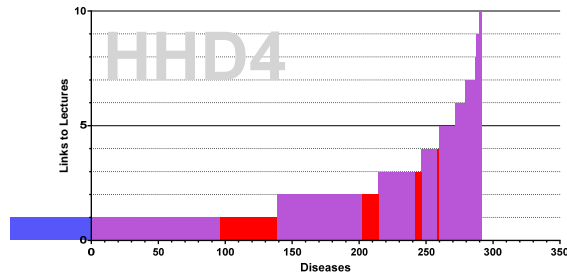
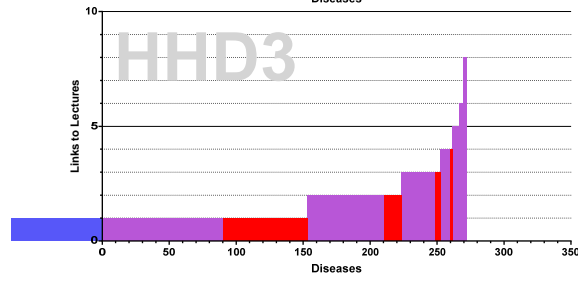
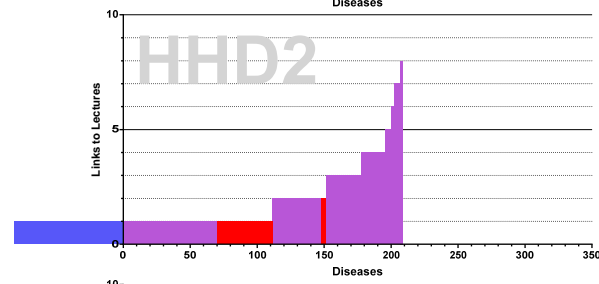
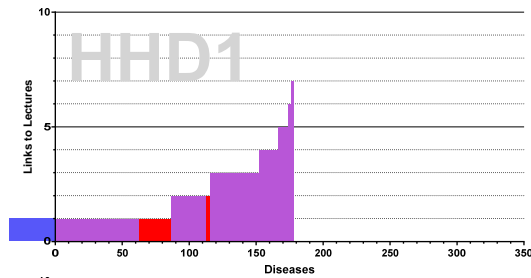
HHD1



Quantify
Analyze
Engineer



Directors: Quantitative Reports
Lecturer/Student: Coordinate Progress



CLIN, HEME: Bleeding, #109

10/27/2015

GI	Hepatocellular	Liver failure	2 of 7	
BIOCHEM	Metabolism:Vitamin	Vitamin K	2 of 3	
HEME	Microangiopathic anemia	DIC	3 of 4	
HEME	Primary hemostasis	Von Willebrand disease	1 of 2	
HEME	Primary hemostasis:Quality	Bernard-Soulier syndrome	1 of 1	
HEME	Primary hemostasis:Quality	Glanzmann thrombasthenia	1 of 1	
HEME	Primary hemostasis:Quality	Storage pool disease, combined α/δ	1 of 1	<i>MS2 Only</i>
HEME	Primary hemostasis:Quality	Storage pool disease, α granule	1 of 1	<i>MS2 Only</i>
HEME	Primary hemostasis:Quality	Storage pool disease, δ granule	1 of 1	<i>MS2 Only</i>
HEME	Primary hemostasis:Quantity	Immune thrombocytopenia	1 of 3	
HEME	Secondary hemostasis:Hypocoagulability	Hemophilia A, B, C	1 of 3	

Quantify
Analyze
Engineer

Directors: Quantitative Reports
Lecturer/Student: Coordinate Progress

Different terms to quantify medical education

1. Review disease/drug list

~20	~450	~1750
DzSystem <small>↕</small>	DzGroup <small>↕</small>	DzName <small>↕</small>
CARD	Cardiomyopathies	Dilated cardiomyopathy
CARD	Cardiomyopathies	Hypertrophic cardiomyopathy
CARD	Cardiomyopathies	Restrictive/Infiltrative cardiomyopathy

2. OK blackbag prototype

CLIN, HEME: Bleeding, #109			10/27/2015	
GI	Hepatocellular	Liver failure	2 of 7	
BIOCHEM	Metabolism:Vitamin	Vitamin K	2 of 3	
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HEME	Primary hemostasis:Quality	Storage pool disease, α granule	1 of 1	<i>MS2 Only</i>
HEME	Primary hemostasis:Quality	Storage pool disease, δ granule	1 of 1	<i>MS2 Only</i>
HEME	Primary hemostasis:Quantity	Immune thrombocytopenia	1 of 3	
HEME	Secondary hemostasis:Hypocoagulability	Hemophilia A, B, C	1 of 3	

Annual Course Review (ACR)
University of Minnesota Medical School

(This page to be filled in by ACE)

Course: INMD 6814 Physiology
Course Director(s): Dr. Stephen Katz
Course Manager: Aliyu Ojarigi

Date of course: 1/4/2016-4/29/2016

Overall evaluation of the course: 4.6/5.0

Course grading rubric:

Summative Assessments	Points	% of All Possible Points
<i>On-Line BlackBag Quizzes</i>		
- Lab/Demo Quizzes (8 x 5 pts each)	40	16%
<i>In-Class Examinations</i>		
- Quiz 1	30	12%
- Quiz 2	30	12%
- Mid-Term Written Exam	60	24%
- Final Written Exam	90	36%
(In-Class Examinations Subtotal)	(210)	(84%)
Total Course Points	250	100%

Number of failures for academic year: Two students both remediated in *early July*.

1. Briefly describe the learning outcomes for your course

Students should be familiar with the basic science and early clinical science of the cardiovascular, respiratory, gastrointestinal, energy metabolism, renal, and acid/base systems and the corresponding integration of these systems with each other. Hence, Students will be able to describe:

- the function of healthy cardiovascular, respiratory, gastrointestinal and renal organ systems
- how the body maintains homeostasis
- how certain diseases alter the normal function of those organ systems

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

		2016						2015	
Basic Science Core Rating Items Basic Science Core Rating Items		INMD 6814						↓	
		Responses					Course		
		SD	D	N	A	SA	N		Mean
Q1	The course objectives were made clear to me.	0	0	1	50	81	132	4.6	4.4
Q2	The assignments planned for independent learning time facilitated my learning of the course material.	0	2	7	53	70	132	4.4	4.0
Q3	The resources provided for the class were useful in learning the material: (i.e. recommended readings, course packet, BlackBag site)	0	2	3	54	73	132	4.5	4.2
Q4	There were adequate opportunities for non-graded self-assessments (i.e. quizzes, discussion questions, practice or review questions).	0	1	1	52	78	132	4.6	4.4
Q5	There was close agreement between the stated course and session objectives and the information taught.	0	0	0	54	78	132	4.6	4.4
Q6	The graded assessment(s) appropriately tested the course objectives.	0	0	3	50	79	132	4.6	4.2
Q7	Overall, I have acquired an understanding of the stated course objectives.	0	0	0	47	85	132	4.6	4.4
Q8	The course content was successful in integrating basic science knowledge and clinical practice.	0	0	0	45	87	132	4.7	4.5
Q9	Public Health topics were integrated within the course.	4	12	37	51	28	132	3.7	3.6
Q10	Quality Improvement topics were integrated within the course.	6	27	40	29	30	132	3.4	3.3
Q11	Interprofessional Education topics were integrated within the course.	6	26	39	36	25	132	3.4	3.3
Q12	Overall, I have found this course to be valuable.	0	0	1	26	105	132	4.8	4.5
Responses: [SD] Strongly Disagree=1 [D] Disagree=2 [N] Neutral=3 [A] Agree=4 [SA] Strongly Agree=5									
Q16	Overall, I have acquired an understanding of Medical Physiology.	0	1	0	54	73	128	4.6	4.4

We improved in every area above. There were ~20 pages of total comments, largely positive. (I do not submit specific comments in my ACR).

Individual teacher ratings for each section follow,
(Some teachers taught more than 1 section):

4.7, 4.6, 4.4, 4.0, 4.1, 4.2, 4.7, 4.7, 4.8, and 4.2, MEAN = 4.4, STD DEV = 0.267

Overall Class evaluation was the highest it has ever been in my memory.

3. Describe what is working well in your course.

Dyads: 80% or more of all sessions are basic science / clinical dyads of two or more faculty. This was pioneered by Jeff Chipman and me two years ago, and it grew! I now have a basic scientist in each section, as well as a surgical, pulmonary, neonatal pulmonary, cardiology, and gastrointestinal clinician in the course.

Patient interactions: This year I brought in two patients who were also both faculty members. I deleted a lecture and a lab/demo to make room for these two separate patient /class interactions. Each faculty member/patient had a serious disease that was previously covered in our course. These were highly rated...

Aliyu Ojarigi (Course Manager) + Brian Woods (Lead Course Manager) = Outstanding

Clinical and basic science integration.

4. Describe any areas of concern.

Katz burn out, he needs a co-director.

Katz changed too many things at once. See item 5 below. It all worked for the most part, but it was really difficult to juggle all the new items.

Some demos are still not appreciated, thus one or two are on the chopping block.

We need to add a Muscle section that integrates with histology, our own course, year 2, and clinical practice.

We need to do a better job of integrating with histology in all sections.

5. Describe the progress of the changes being made as the result of your previous ACR (your intended changes will be pre-filled by ACE).

Intended changes for 2015-2016: **All changes (below) accomplished! ✓**

✓ The new laboratory data acquisition and display equipment for some of the lab/demos was used for the first time last year, and we are evaluating some other new demos/labs this summer. We did do some modifications of old exams to keep them relevant and contemporary. Hopefully we can maintain and perhaps expand clinical correlations with clinical faculty presentations.

✓ We are performing a partial remodel of the lab/demo classroom this summer, and that should remedy a common student complaint.

✓ We need to replace Drs. Levitt and Wangensteen for 2016. Stephen Katz will replace Dr. Levitt in the GI series and Hyun Kim will replace Dr. Wangensteen in the Respiratory lecture series.

- ✓ In addition, Bill Engeland is stepping down from his 5 Cardiovascular lectures and John Osborn /Stephen Katz are picking those lectures up (John already teaches the other cardiovascular lectures).
- ✓ We are discontinuing the gastrointestinal iterative exams and scientific article reading. We are discontinuing testing on reading assignments that were not covered in lecture.
- ✓ We are discontinuing having the 50 DPT (Doctorate in Physical Therapy) students in the class.
- ✓ The mid-term exam will become a secure exam, (just like the final). The Final exam will have no more True /False. Labs and demo material will be tested on in both Blackbag quiz format and in the classroom exams/quizzes.

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

Add a three session **muscle** section, subtract three sessions as well. Try to integrate with histology.

Begin to groom Katz replacement or new co-director??? (No idea at this point as to who this would be).

Revise or chop some class demos.

Enhance or maintain dyad teaching format....Jeff Chipman may be devoting less time to dyad teaching next year, so I need to recruit more clinical dyad teachers. Bob Englander comes to mind.....

I am going to be relying on Aliyu Ojarigi (Course Manager) + Brian Woods (Lead Course Manager) for all quiz and exam copying, administration, and grading that was previously done in Integrative Biology and Physiology.

Bring back or expand patient presentations.

Peer Review Committee

Scientific Foundations Committee

August 12th, 2016

Michelle Frees

What is the Peer Review Committee (PRC)?

Procedural Guidelines of the Peer Review Committee: Article II, Section 1

Two Primary Roles

Screen reported violations of the **Statement of Intellectual Responsibility (SIR)** to determine if referral to the **Committee of Student Scholastic Standing** is warranted

Screen reported violations of the **Medical Student Professionalism Code** to determine if referral to the **Assistant Dean for Student Affairs** is warranted

May make recommendations to COSSS or Assistant Dean for Student Affairs

What PRC does NOT do

Determine guilt or innocence

Impose sanctions

Who is on PRC?

Total of 10 students

4th years: 2 from TC, 1 from Duluth

3rd years: 2 from TC, 1 from Duluth

2nd years: 2 from TC

1st years: 2 from TC

Elected positions

Procedure for PRC

1. A member of PRC is approached by either student or faculty to initiate action by PRC
2. Chairperson of PRC notified and delegates a member to contact accused and accuser
3. Accuser and accused write a complete account of the event in question
4. Chairperson reviews statements
 - a. Clearly no violation has occurred and matter is closed
 - b. PRC should convene (2/3rds, majority for a decision)

Procedure of PRC continued

PRC Meeting

1. Violation of SIR -> COSSS
2. Violation of Medical Professional Code -> Assistant Dean for Student Affairs
3. Further investigation-> Meet again
4. No violation-> Typically accused will receive a verbal or written warning/counseling may be recommended
 - a. All records of the event will be forwarded to COSSS or Assistant Dean for Student Affairs in case of future action involving accused until student graduates
5. Accused will be informed of proceedings and of any resultant actions

Role of the Faculty

Procedural Guidelines: Article 1, Section 2

1. At start of exam:

- a. Department representative will arrange material distribution/Answer Logistical ?s
- b. Definitive Start/Stop times are clear at start
- c. Department representative collects material at Stop time

2. Faculty should report any dishonesty occurring in medical school coursework to the PRC

3. If faculty reports an incident of dishonesty or academic misconduct to the Dean's Office, matter will be referred to PRC (by Dean's Office)
4. Faculty members expected to cooperate with committee's investigation

Documents

Medical Student Professionalism Code

<http://meded.umn.edu/policies/professionalism.php>

UMN Medical Student Statement of Intellectual Responsibility

http://meded.umn.edu/policies/intellectual_responsibility.php

SIR Part I General Principles

Part I: General Principles

The University of Minnesota Medical Student Statement of Intellectual Responsibility (SIR) is established in the belief that central to any intellectual and professional endeavor is an atmosphere of mutual trust and respect, based upon individual maintenance of community standards. The hallmark of becoming a physician is that the individual is willing to: increase awareness of his personal and social values, profess these special values, and self-regulate his behavior and monitor the behavior of his peers according to these values. Central to this, is an awareness and an affirmation of the fact that one's medical education is the product of one's own intellectual effort. Therefore, **every student who enrolls and remains at the Medical School understands that to submit work that is not his or her own original efforts, or to default on clinical obligations, violates the purpose and spirit of medical education and is cause for peer review.**

SIR Part I General Principles Continue

It is not possible for a community to legislate morality. Indeed it is understood that intellectual responsibility is internal and that the standards delineated in this statement may or may not be those of the individual. However, the precepts of a community must be respected and upheld by all members of that community.

The SIR is planned as a broad outline of standards within which each student is expected to exercise his or her own judgment, and pledge that he/she will honor and adhere to the principles stipulated therein. When presented with an allegation of a violation of the SIR, the student Peer Review Committee (PRC), as outlined in its Constitution, carefully considers all relevant factors, in order to determine whether probable cause exists that a violation did in fact occur and that such acts are prohibited by the SIR. The **PRC will use procedural due process as a guide to its action and maintain strict confidentiality.** At the discretion of the **PRC the Committee on Student Scholastic Standing (COSSS) of the Faculty Assembly is contacted either for advice, execution of disciplinary action, or a new hearing of the case.**

SIR Part II Specific Provisions

In addition to the general principles of ethical conduct mentioned above, each student is bound by the following specific provisions as part of the University of Minnesota Medical Student Statement of Intellectual Responsibility:

1. Each student will **respect the intellectual and physical property of others, and will not use such property without the owner's permission.**
2. Each student recognizes the right and obligation of the Medical School Executive Faculty to establish and maintain high standards of academic performance. Examinations will represent the student's individual, and original, efforts only; **during the examination the student will not use information provided by other individuals, notes, textbooks, or other references, except as specified by the evaluator.**
Backpacks/bags should be closed/zipped during the examination. Any book, papers, notecards or written materials should be inside the closed backpack/bag or otherwise not on one's person.

SIR Part II Specific Provisions Continued

1. (3) Each student recognizes that his/her primary responsibility while on clinical rotations is the care of his/her patients. The patient's welfare has precedence over a student's personal educational objectives. **The student will respect every patient's privacy and dignity and will maintain confidentiality with regard to information about patients.** Each student recognizes his/her responsibility to consult with the residents or attending physician regarding each patient's management.
2. (4) Each student recognizes that clinical obligations include providing coverage when assigned, e.g., at clinics, at night, or on weekends. This includes attendance at all mandatory educational programs. **When such assignment is made, a student will abide by it or make suitable alternative arrangements with the staff member who made the assignment.** If a student is convinced that such an assignment is inappropriate, the matter must be discussed with the course coordinator.

SIR Part II Specific Provisions Continued

1. (5) Each student will confidentially report other students who violate the SIR to a member of the PRC. The PRC will then investigate according to the procedures of the PRC Constitution. Strict confidentiality must be observed at all times. Responsibility for a violation rests not only with the violator but equally with any student who is aware of the violation and fails to deal with it properly.
2. (6) Often a student is not completely certain a violation has occurred. The student is obligated to report observations if he/she has a reasonable, good faith basis to believe that a violation may have occurred.

SIR Part III: Statement of Intent

Upon matriculation into the University of Minnesota Medical School each student will be asked to sign the following statement as affirmation of the intent to uphold the ethical principles described above.

"I hereby affirm that I understand and accept the provisions and stipulations of the University of Minnesota Medical Student Statement of Intellectual Responsibility."

Any student who chooses not to sign the SIR is required to submit a statement of his/her own to the Medical School for its approval. This statement should address the intellectual responsibilities involved in examination policy, peer review, and patient care.

Medical Professional Code

Questions?