



Student Education Group
1/7/14
Minutes

Members not able to attend: George (Bud) Vana, Francesca (Franki) Boulos, Sarah Johnson, Emily Keller.

Members in attendance: Emily Schloff, Alyson Guillet, Brian Till, Will Manning, Caleb Seufert, Dylan Hershkowitz, Karl Kristiansen, Angie Palombo, Ben Clements, Jenna Arruda, Bryan Brown, Katie Anderson

Minutes by: Brian Till

Chairperson: Alyson Guillet

Guests: Dr. Everse, course director CM, discussing the potential merge of ICDM and CMB.

- Dr. Everse reports that he was charged by the MCC to put together a committee to evaluate the idea of combining the ICDM course and CMB courses. The reason is that combining them would allow the faculty to more easily address student-and LCME-identified deficiencies in each course (e.g., ICDM is too short, introduces clinical topics without background, many concepts not revisited in curriculum; CMB has few clinical references, many lectures and little active learning).. At the last meeting held before the holidays, he was given the charge to explore, and to explore “outside the box,” including the idea of moving ethics through the full curriculum.
- The report is due back in February to the MCC.
- Dr. Everse sat through ICDM this year to better understand what is offered in that course.
- ICDM has genetics, ethics, and biostatistics and evidence-based medicine. He personally believes ethics should be taught longitudinally throughout the curriculum, and the same for EBM and biostatistics.
- Dr. Everse solicited feedback from SEG on the potential upside and downside of such a merge.
- Karl K. asked whether a previous committee had looked at EBM more longitudinally. Dr. Everse said this had been done, and the report came to MCC during LCME evaluations, and was shelved. (The report was actually sent to Foundations Committee for development of an operational plan, which presumably will be acted on when they are ready. Dr. Everse has given that report to members of committee evaluating this proposed merge
- There are two students on the committee, Liz Abernathy Jennifer Hanson.
- Karl K. suggested the existing structure is a nice introduction to medical school, and that starting with CMB and its quick pace would be terrifying, intense etc., particularly for those who have been removed school for a long time.
- Dr. Everse suggested that we have a duty to help to prepare students for medical school by teaching them how to study, wants to build steps to help teach how to work in groups, etc..
- Dr. Everse said that the flexibility of combining the two courses – and perhaps removing some material from CMB that isn’t critical – can allow for this. He also suggested that he’s been given a charge to think about different ways to approach the material, i.e. doing weekly ethics essays, and presenting articles that they’ve found themselves in ICDM small groups.
- Ben C. suggests showing up prepared is key to success in clerkship, and this is a good way to address that skill early.
- Could use this time to clean house

- Dr. Jeffries suggested that the 2015 MCAT will change and requirement will include biochemistry and thus mean students come in with stronger backgrounds in that area, relieving some pressure from CMB.
- Karl K. asked whether they are concerned people triage bioethics material.
- Dr. Everse said this Dr. McCauley's chief concern about the merge.
- Jenna A. says that her master's program used an online platform for an essay and then student response system which sparked a great deal more discussion than she would have expected. Dr. Everse thought this would be a terrific way to approach that dimension of the course.
- Emily S. says that there is a need to better weave EBM through entire curriculum, particular in light of how much knowledge is lost over the course of education.
- Liz A., who is working with this "merge" committee, says she is enthusiastic about the concept of continuity, and building in EBM and ethics. Says there is not a good connection between how EBM is done in clerkship and how it exists in ICDM. She suggested reading the most seminal papers at the points in time where they are most relevant – i.e. cardio during early second block of HSF, etc..
- Ben C. suggested some sort of midcourse eval. Might be helpful to address the issue of trying to feel like you "completed" something and have established your footing in medical school that will be lost if there is no end of ICDM.
- Angie P. added that something about ICDM that was special was that everyone was on the same footing, regardless of background, non-traditional and traditional applicants alike.
- Caleb S. thought that the interactions with other students in the intensive, frequent small groups was a critical part of becoming a part of the class and the medical school.
- Katie A. supports taking pharmacology and getting it into CMB, which Dr. Everse said he believes fits more naturally there than in A&D.
- Dr. Everse hopes that this merger can help catch students who really need help and engage Laurie Burris. By the time they catch people who are falling behind in CMB, it's too late sometimes because it's such a fast-paced course.
- Karl K. reiterated that he's concerned that students will triage the ethics material.
- Dr. Everse thanked the group for its contributions. He was not wearing shorts.

Current activities:

MCC update (Liz A.):

- Liz A. reports the issue of ICDM and CMB "merge" took a good deal the last MCC meeting.
- There were seven students who didn't match in 2013 (6 who did not get categorical slots); three of them found residency positions through the "SOAP," and then one eventually found a position outside of the SOAP. This is an unprecedented in the history of the COM, but better than most medical schools. Liz A. and Dr. Jeffries suggested there may be an issue of conflicting advice that students get from specialty advisors and from what students heard from the dean's office.
- Dr. Jeffries informed the committee that specialty advisor chairs are being educated on the competitiveness of the match process, since the process is much more competitive and difficult in recent years than some of them may realize. Some students may have had selective hearing regarding advice surrounding the process as well..

HSF Histo (Karl K. and Nick F.)

- Karl K. says they're hoping to increase problem-based learning within the HSF course This would potentially have a video component to prep for sessions. It's unclear whether that would replace group small group sessions.
- Caleb S. asked what the motivation was to change the system.
- Karl K. said there have been issues getting pathologists to come run sessions and that the style doesn't work very well for some students. Karl K. said that Dr. Cornbrooks felt strongly that the small group aspect was very valuable to students and plays an important role in the curriculum.
- Ben C. suggested that training the physician as a teacher is an important aspect of medical school, and something we don't do a terrific job of now. The small groups emphasize the importance of students teaching other students, and that is important to maintain.

Executive board (Emily S.):

- Emily S. said there was a match-ceremony survey done by student council. No majority was reached for any option in the survey.

Mistreatment (Ben C.):

- Ben C. reminded that group that the discussion stems from a student's handling of a mistreatment complaint. Ben C. said they hope to engage with Dr. Bertsch to try to add something to bridge week on this issue.
- Jenna A. added that the issue was being considered in this venue because of the question of whether there was a lack of professionalism demonstrated by the student in question, and whether that speaks to a bigger problem.
- Emily S. said she thinks that mistreatment is being discussed *ad nauseum* right now.
- Dr. Jeffries said there is a question whether students know about the issue -- 46% of students on GQ said they did not know if COM had a policy on mistreatment. Second, we need to see whether students know what to do in the case of mistreatment, Dr. Jeffries said.
- Dr. Jeffries said there may be a difference of opinion between the faculty and students as to what mistreatment is, and that is needs to be defined. The LEAP committee is working on a series of videos that will cover this area.

Foundations committee (Alyson D.):

- The next meeting will happen on January 22nd, and the committee will be reviewing HSF.
- In December the committee reviewed CRR which got very good review, Alyson D. said. They were lower than the year before, which likely owed to new TBL's, she suspected.
- The big things determining overall student experience in the course are: time-management with groups, and who are the leaders of a given group.
- Alyson D. said that Dr. Hopkins is not envisioning significant changes for the course for next year, and that students this year greatly enjoyed using Harvey.

Course Evaluations (Alyson D.):

- Alyson D. said that Dr. Tracy is engaged and hopeful to make the current system more immediate and geared toward constructive feedback.

Other points:

- Alyson D. said she thought that it might be good idea to use SEG meeting to push forward on various projects in small groups as opposed to doing updates that may not be necessary.
- A discussion of overall structure of SEG meetings followed.

- Dr. Jeffries stressed with respect to evaluation, that the value of this group is in data interpretation and ideas about what can be done to improve courses.