



THE OHIO STATE UNIVERSITY

COLLEGE OF MEDICINE

The Ohio State University
College of Medicine

Executive Curriculum
Committee

Meeting Minutes

Date:
1/24/2017

Location:
150 Meiling

Presiding Chair: Howard Werman, MD

Call to
order:

4:10 pm

Minutes recorded by: Casey Leitwein

Adjourned:

6:05 pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Jose Bazan	Elected Faculty Member	Y
Laurie Belknap	Faculty Member	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
John Davis	Associate Dean for Medical Education	Y
Mary Fristad	Chair, Academic Review Board	Y
Sorabh Khandelwal	Residency Program Director	Y
Nicholas Kman	Academic Program Director, LSI Part Three	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	Y
Cynthia Ledford	Elected Faculty Member	Y
Thomas Mauger	Chair, Clinical Science Department	Y
Leon McDougle	Academic Program Director, Associate Dean Diversity	Y
Andrej Rotter	Faculty Member- Faculty Council Rep	N
Charles Sanders	Assistant Dean, Affiliated program	Y
Jonathan Schaffir	Faculty Member	Y
Larry Schlesinger	Chair, Basic Science Department	N
Kim Tartaglia	Academic Program Director, LSI Part Two	Y
Lindsay Boles	Med Student Representative	Y

Additional attendees: Nicole Verbeck, Curt Walker, Allison Macerollo, Kristin Rundell, Victoria Cannon, Alex Grieco, Daniel Clinchot, Carla Granger

Agenda items

Item 1, Approval of Minutes

Item 2, Primary Care Tract

Item 3, Student Performance Evaluation Results

Item 4, Miscellaneous Items

Item 5, MICRO Report

Executive Curriculum Committee Minutes

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from November 22, 2016 were reviewed by the ECC. Ms. Cannon suggested some changes to the section on Step 2 scores from the prior minutes. The minutes were approved by the committee.

Item 2, Primary Care Track

Presenters: Drs. Rundell and Macerollo

Discussion

1. Drs. Rundell and Macerollo were here to discuss the Primary Care Track (PCT) with the ECC. Some additional information was incorporated from the feedback received from the November 2016 meeting.
2. The goals of the PCT were stated: increase number of students selecting a primary care career, to educate them more efficiently with less debt burden and to address primary care shortage nationally
3. The proposal for the PCT contains all of the objectives and assessments contained in the LSI Curriculum
4. Currently, there have been 16 candidates interviewing for 2 positions. The PCT will ultimately be expanded to 4 positions.
5. Dr. Rundell reviewed the 3-year calendar with the ECC. Specific questions were raised regarding the students' start in July, their early completion of the HSIQ modules and the use of formative OSCE. A portfolio will still be required for each student and each will have a portfolio coach within the Department of Family Medicine. All of the longitudinal experiences will be included under the Ambulatory Care Experience at the Rardin Family Medicine Center. The patients within populations (PWP) and the second portion of AMRCC will be completed longitudinally. Dr. Ledford asked about the integration of milestones into these longitudinal experiences.
6. Dr. Danforth raised some concerns regarding scheduling of LG and LP experiences in Med 1 year, especially surrounding the Host Defense block and felt that the early summer work prior to start of the curriculum was very intense. Dr. Macerollo felt that this timeline could be decompressed. Ms. Boles also raised concerns regarding the transition between Neurology and Host Defense where the proposal contains no break built in. Exploration week was proposed as a block where their schedule is less rigorous.
7. Current challenges involve refinements to the schedule, tutoring resources and early access to VITALS. Drs. Rundell and Macerollo are working with Dr. Walker to develop program evaluations.

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8. A revised spreadsheet demonstrating the 3-year calendar was reviewed. Dr. Kman asked about the cost-differential between the 3-year curriculum and the standard LSI curriculum. The savings is achieved in paying for only 8 semesters as compared to the traditional 10 semesters. There is also grant money to defer tuition costs for the PCT students.
9. The Board preparation will be distinct from that offered by the LSI Curriculum. Students in the 3-year curriculum will still have access to many of the same study aids as LSI students.
10. The PCT students will enter their first ring at the same time that LSI students will be starting their third ring. There was some discussion of which Part II ring would be most appropriate for these students. It was noted that these students would still have approximately 4 weeks of LG into the first ring.
11. The remainder of the Part II curriculum was reviewed which included the two remaining rings; there will be a focus on ambulatory electives. This would conclude with Step 2 Board preparation.
12. Finally, Part 3 AMRCC and AMHBC will conclude the Primary Care Track, with some remediation time built in prior to graduation. Dr. Kman asked about the potential for electives for these students. It was noted that flex time and remediation periods might be used for electives. It was decided that vacation time for PCT students will be required.
13. There was some discussion regarding students who experience academic difficulty, have struggles with Step 1 and require a personal leave of absence. Dr. Macerollo noted that these are anticipated to be highly selected students with tight oversight. Dr. Davis noted that the PCT students have a conditional acceptance into the Family Medicine residency and thus, will experience less pressure to achieve high Board scores.
14. Dr. Khandelwal raised the issue of students who fail to progress appropriately in this curriculum. Dr. Macerollo proposed that there be an early referral to the ABRC for program review with the option for them to recommend transfer into the traditional LSI curriculum. She proposed that for the PCT, the referral occur after two failures to meet a competency to discuss options. Dr. Davis noted that this is consistent with the function of a Level 2 Committee. There was some discussion among the Committee members whether two failures of a competency represented a failure of the program; Drs. Rundell and Macerollo emphasized that it represented a mandated referral but not a program failure. It was suggested that students be made aware of this early referral policy.
15. There was further discussion on determining student commitment to a primary care specialty among applicants at the time of medical school matriculation as well as the potential biases in assessment of PCT students within the curriculum.

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Action Items

1. The ECC approved the Primary Care Track in principle so that two students can be selected for initial participation
2. Drs. Rundell and Macerollo will return with a final version of the timeline based on feedback from the ECC along with revisions to the student handbook

Item 3, Student Preparation Evaluation Report

Presenter: Nicole Verbeck

Discussion

1. Ms. Verbeck explained that surveys are sent to recent graduates and residency program directors multiple times and in two formats to enhance response rate. The survey questions, including recent changes mirroring the core EPA's, were reviewed. Some of the questions now reflect the transition from the traditional curriculum to the LSI curriculum.
2. The resident program survey questionnaire was also reviewed. Both reflect the results from 2015 graduating students, graduates under the old curriculum.
3. Data is collected electronic and paper surveys. 69.2% of program directors responded compared to 41% of graduates. There was some discussion regarding our ability to contact graduating students and to improve response rates, possibly using mobile technology.
4. Six directors reported 'not being pleased' with the graduates with 4 reporting some deficiencies. This compares to last year's responses and was improved from prior years. Only a small percentage (~4%) of students are rated as slightly below or below graduates from other medical schools in their preparation. Individual written responses were presented.
5. Dr. Kman asked if it could be determined which specialties were represented in the lower responses by program directors. He felt that this could provide good feedback for the Clinical Track directors in Part 3 of the LSI curriculum.
6. Written comments by recent graduates to the survey were reviewed. There was a common theme describing lower confidence in graduate's procedural skills.
7. Ms. Verbeck summarized the survey results by noting:
 - a. new questions were added to address ACGME competencies
 - b. students continue to rate the curriculum highly with an improvement in interpersonal skills
 - c. 98.7% of students and 96.2% of program directors felt that OSU graduates are at or better prepared than graduates of

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other medical schools. Dr. Khandelwal suggested we look at the percentage of better or slightly better prepared than other medical schools as the important metric (these numbers are approximately 60% of program directors and 70% of students).

Action Items

1. It was agreed that this data would serve as a baseline for assessing responses to the LSI curriculum. No action was suggested based on this data.

Item 4, Miscellaneous

Presenter: Dr. Belknap, Dr. Werman

Discussion

1. Dr. Belknap provided a brief update on the Part 1 internal review process. A report has been posted to the Box
2. Dr. Werman reported that he will be meeting with Dr. Holiday and Ms. Burt to discuss the compliance with Residents as Educator modules
3. Dr. Walker is working with his working group to evaluate predictors of Step 2 CS and CK failures. Dr. Ledford suggested including Part 2 OSCE's in the analysis and Dr. Kman requested that EM Shelf Exams also be assessed.

Item 5, MICRO Report

Presenter: Dr. Davis

Discussion

1. Dr. Davis reported that the minutes from the December meeting has been posted to the Box account for review. There were no action items to be brought forth



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Executive Curriculum
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Meeting Minutes

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2/28/2017

Location:
150 Meiling

Presiding Chair: Howard Werman, MD

Call to
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4:06 pm

Minutes recorded by: Casey Leitwein

Adjourned:

5:40 pm

Member attendance

Name	Role	Present
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Jose Bazan	Elected Faculty Member	Y
Laurie Belknap	Faculty Member	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
John Davis	Associate Dean for Medical Education	Y
Mary Fristad	Chair, Academic Review Board	N
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Additional attendees: Nicole Verbeck, Curt Walker, Victoria Cannon, Alex Grieco, Joanne Lynn

Agenda items

Item 1, Approval of Minutes

Item 2, Primary Care Tract

Item 3, Academic Standing Committee

Item 4, Student Mistreatment Report

Item 5, MICRO Report

Executive Curriculum Committee Minutes

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from January 24, 2017 were reviewed by the ECC. The minutes were approved by the committee with minor corrections.

Item 2, Primary Care Track

Presenters: Drs. Rundell and Macerollo

Discussion

1. Drs. Rundell and Macerollo were unable to attend the meeting due to previous conflicts. A slide presentation highlighting the changes made as the result of feedback from the ECC as well as a revised spreadsheet was posted. Dr. Werman encouraged committee members to review these materials along with the minutes from the previous meeting and send any questions or comments to Drs. Rundell or Macerollo.
2. Dr. Danforth asked for some clarification on the numbers of competency failures that would result in a program failure. It was noted that two failures would result in referral to the ABRC while the definition of a program failure would remain consistent with the remainder of the LSI curriculum.

Action Items

1. The ECC members were encouraged to review the posted materials and we will invite Drs. Macerollo and Rundell to attend the next ECC meeting.

Item 3, Academic Standing Committee

Presenter: Sorabh Khandelwal, Alex Grieco

Discussion

1. Dr. Khandelwal presented a summary of the Academic Standing Committee activities from the previous year. This Committee serves in a quality oversight capacity for the entire student progress system.
2. He reviewed the student progress committee structure, almost all of which are overseen by the Academic Standing Committee. The academic program Student Review Committees constitute Level I review; the Academic and Behavioral Review Committee, USMLE Committee, Honors and Professionalism Committee and Violations Committee represent Level II review committees; the Academic Review Board is a Level III review committee and the Dean or his

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- designee (Vice Dean for Education) constitute Level IV of the review process. The Advancement Committee and Academic Standing Committee are supporting committees. An additional slide depicted the relationship among the various committees.
3. Dr. Khandelwal highlighted that the Honors and Professionalism Council is chaired by the student Vice-President of the Council and Dr. Pfeil serves as their advisor. This is a peer-to-peer committee. The Violations Committee is chaired by Dr. Davis and they are responsible for the oversight of applicant and student self-disclosures, background checks, and toxicology screens. These two committees have not traditionally reported to the Academic Standing Committee.
 4. The Academic Review Board role is to assure that an appropriate process was undertaken in making a recommendation for dismissal. They also consider all requests for reinstatement.
 5. Dr. Khandelwal reminded the ECC that the Academic Standing Committee functions in a Continuous Quality Improvement capacity and uses an outcomes-based review process. The Committee has a very broad membership that was shared with the ECC.
 6. The Committee meets four times during the academic year. The Committee's agenda includes an overview on student progress, individual student review committee reports, an Admissions Committee report and a sentinel case review of an academic failure to progress in the curriculum.
 7. Goals of the Committee for 2015/16 were reviewed. Most of these goals remain in progress:
 - a. Improve loop closure for student review and the admission process
 - b. Implement a feed-forward process
 - c. Refine the system for student tracking
 - d. Investigate national best practices in student review
 - e. Develop faculty development tools for those involved in student review
 - f. Assure oversight of the student review process to make sure that defensible processes are in place
 8. There was significant discussion regarding the 'feed-forward' initiative with Drs. McDougle and Saunders cautioning against using this data to pre-judge student performance, particularly as it relates to the evaluation of URM students.
 9. Summaries for each level of the Student Review process were presented. Highlights included:
 - a. Academic Advancement Committee reviewed the status of over 300 students; 115 improved their academic standing and 170 were down-graded
 - b. The Academic and Behavioral Committee reviewed 35 referrals to the committee. They recommended 4 dismissals and 19 restarts for students.

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- c. The USMLE Committee met with 25 students and sent one dismissal letter.
 - d. The Part 1 SRC met with 38 students, with the primary competency deficiencies being medical knowledge and professionalism failures. The Part 2 SRC met with 32 students, referring 2 to ABRC. The Part 3 SRC met with five students, 4 for professionalism concerns. There was an expressed concern that students with professionalism issues in the 4th year might be seen as a failure of earlier assessments.
 - e. The Admissions Committee reported the results of last year's deliberations including over 6000 applications for a class of 205, of 21.5% were URM and 54% were females. There was an overall average GPA of 3.71 and average MCAT of 34.
 - f. The Academic Review Board supported two recommendations for dismissal, referred one student back to the ABRC and denied two requests for reinstatement.
10. Dr. Grieco highlighted some of the changes he plans as he assumes the role of chair of the ASC. He will request more timely reports to the ASC, allowing more time for discussion of substantive issues and sentinel case reviews during Committee meetings. In addition to the ongoing goals, Dr. Grieco will emphasize the following:
- a. analyzing the patterns of competency deficiencies to assess the appropriateness of timing of assessments in each part of the LSI Curriculum
 - b. using outcomes analysis as the driver of initiatives for combined Level 1 SRC and the interface with the Admissions Committee

Action Items

1. The Academic Standing Committee will continue to work on developing a single Student Review Committee. They will bring a proposal forward to the ECC when available.
2. The Committee will consider bringing forth a proposal to increase feed forward mechanisms. They were encouraged to get broad input and focus on concerns expressed about the impact on URM students
3. The Committee will continue to look for ways to improve student tracking and loop closure
4. Dr. Grieco will continue to use outcomes analysis to interface with the Admissions Committee

Item 4, Student Mistreatment Report **Presenter: Dr. Lynn, Ms. Verbeck**

Discussion

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1. Data from the recently released Graduate Questionnaire specifically pertaining to student mistreatment was reviewed by Dr. Lynn from information distilled from Ms. Verbeck. The information is based on the responses of 2016 COM graduates.
2. The first set of questions pertained to students' awareness of the policies regarding the mistreatment of students and the mechanism to report such concerns. Graduates were very aware of the policies and the mechanism for reporting at a rate above the national average for all medical schools.
3. 30.1% of students reported some form of mistreatment during medical school, compared to a national average of over 38%.
4. 2016 OSU COM graduates were at or below the national responses in experiencing public humiliation, threats of physical harm or actual physical harm; on the other hand, more students reported requests for personal favors, placing OSU in the 75th percentile. This was a rise when compared to 2015 and 2014 graduates.
5. As it related to gender issues, compared to prior years and the national average, 2016 OSU COM graduates were at the 50th percentile or below for unwanted sexual advances or requests for sexual favors but there was a concerning upward trend in responses suggesting that opportunities were denied based on gender.
6. On the other hand, the 2016 results on racial bias suggested some alarming results with all of the responses at or above the national mean. Most concerning was the fact that 2016 COM graduates fell in the 90th percentile with 6% responding that lower grades were awarded based on race or ethnicity.
7. The 2016 responses based on sexual orientation showed that OSU fell at or significantly below the national norms.
8. When asked where the negative behaviors arose, clerkship faculty (16.9%) and residents/interns (10.3%) were the leading sources consistent (although below) the national response.
9. Only 38.1% of students who experienced any type of mistreatment reported the incident. This is higher than the national average of 20.2%. Faculty members or the Dean of Students were the most common recipients of such reports. Slightly over 50% of students were satisfied or very satisfied with the response. Over 80% of students who did not report the incident perceived that it did not seem significant to report or that they felt that nothing would be done.
10. Data from the Year 2 Questionnaire was briefly reviewed but did not contain 2016 responses. Dr. Lynn did ask the group if there are areas on which we should focus or strategies to address the issues identified.

Action Items

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1. The Dean staff will continue to educate faculty, staff and students regarding these important issues
2. VITALS will be expanded to include a drop-down menu to allow for more complete information regarding reports of student mistreatment
3. Match meeting interviews will be an opportunity to solicit any concerns
4. Dr. Lynn and Dr. Davis plan to hold quarterly meetings with Academic Program Leadership to discuss issues around student mistreatment

Item 5, MICRO Report

Presenter: Dr. Davis

Discussion

1. Dr. Davis reported that the minutes from the December meeting have been posted to the Box account for review. There were no action items to be brought forth



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Meeting Minutes

Date:
3/28/2017

Location:
150 Meiling

Presiding Chair: Howard Werman, MD

Call to
order:

4:06 pm

Minutes recorded by: Casey Leitwein

Adjourned:

5:43 pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Jose Bazan	Elected Faculty Member	Y
Laurie Belknap	Faculty Member	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
John Davis	Associate Dean for Medical Education	N
Mary Fristad	Chair, Academic Review Board	N
Carla Granger	Administrator, Basic Science Department	N
Sorabh Khandelwal	Residency Program Director	Y
Nicholas Kman	Academic Program Director, LSI Part Three	N
Nanette Lacuesta	Assistant Dean, Affiliated program	N
Cynthia Ledford	Elected Faculty Member	Y
Thomas Mauger	Chair, Clinical Science Department	N
Leon McDougle	Academic Program Director, Associate Dean Diversity	Y
Andrej Rotter	Faculty Member- Faculty Council Rep	N
Charles Sanders	Assistant Dean, Affiliated program	Y
Jonathan Schaffir	Faculty Member	N
Larry Schlesinger	Chair, Basic Science Department	N
Kim Tartaglia	Academic Program Director, LSI Part Two	Y
Lindsay Boles	Med Student Representative	N

Additional attendees: Curt Walker, Alex Grieco, Joanne Lynn

Agenda items

Item 1, Approval of Minutes

Item 2, Resident as Educator Update

Item 3, Primary Care Track Update

Item 4, Step 1 Results

Item 5, Academic Standing Committee Update

Item 6, MICRO Report

Executive Curriculum Committee Minutes

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from February 28, 2017 were reviewed by the ECC. The minutes were approved by the committee without correction.

Item 2, Residents as Educators Update

Presenters: Dr. Werman

Discussion

1. Dr. Holliday and Coranita Burt have met with the leadership team for BuckeyeLearn. There is currently no mechanism to assure that all new interns have registered for the educational modules. Of those that have registered, approximately 50% have completed the three modules on Residents as Educators. Estimating the total number of new housestaff, the GME estimates that around 20% of all entering housestaff have documented compliance with the modules.
2. Dr. Holliday continues to pursue permission from the AMA to allow members of the ECC to review content of the modules.

Action Items

1. Dr. Holliday is committed to working with the BuckeyeLearn staff to a better solution to assure compliance among incoming housestaff this summer.

Item 3, Primary Care Track

Presenter: Drs. Macerollo and Rundell

Discussion

1. Drs. Macerollo and Rundell presented a revised timeline based on feedback from the January ECC meeting and also presented some suggested revisions to the student handbook specific to the Primary Care Track.
2. The overall calendar for the Primary Care Track was reviewed and contrasted with the 4 year LSI curriculum. A vacation week was added between the Neuro and Host Defense blocks. There were questions addressed regarding the duration of the Board preparation time for Step 1, the continuation of Longitudinal Group into Part II of the curriculum as well as a discussion on potential elective time in Part III of the LSI Curriculum. These were addressed by Drs. Macerollo and Rundell, recognizing that there are still some open questions about faculty supervision of OSCE's and which Ring in LSI

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- Part II would be best for students in the Primary Care Track to begin although there was a suggestion that the surgical ring was their initial consideration.
3. Drs. Macerollo and Rundell then presented suggested changes to the Student Handbook. Several modifications were included:
 - a. there should be representation of Primary Care Track (PCT) faculty at Student Review Committee (Level 1) deliberations on their students.
 - b. there should (changed from must) be representation of Primary Care Track faculty during ABRC or USMLE deliberations on PCT students
 - c. added that the recommendation that ABRC can make a recommendation for PCT students for deceleration with petition for admission into the regular LSI curriculum
 - d. stipulated that the USMLE Step 1 must be taken one week prior to the start of Part 2. Noted that late entry into Part 2 would be not be permissible. A failure of Step 1 would result in a referral to the USMLE Committee for consideration of deceleration and petition for acceptance into the 4-year track. Similarly, failure to meet deadlines for Step 2 CK or CS, or failure of an exam would also merit referral to the USMLE Committee for possible deceleration and entry into the 4-year track
 - e. for current entering students, a deadline of December 21, 2019 was added to take Step 2 CK and CS and failure to do so may result in referral to USMLE Committee.
 - f. grounds for referral to ABRC in Part 1 for the Primary Care Track was defined as an overall block score of < 70.0% on two blocks, not meeting minimum standards for two competencies twice (changed from three times for 4-year curriculum) or repeated inability to meet minimum standards in multiple competencies.
 - g. each student must complete the Primary Care Track in four years from their starting date within the same program (6 years in 4-year track). Failure to complete the Primary Care Track in four years would result in referral for deceleration and petition to enter the 4-year curriculum.
 - h. students will successfully complete 42 weeks of rotations in Part 2 of the curriculum and 3 weeks of rotations in Part 3
 4. After much discussion, it was decided to modify the language in (b.) to reflect that Primary Care Track faculty should be invited to serve as a resource to these committees regarding the curriculum. They would not serve in an advocacy capacity.
 5. Concerns were raised about the use of the term 'failure' in (f.) by Drs. McDougale and Saunders. After discussion, it was changed to read "grounds for referral to ABRC in Part 1 of the Primary Care Track."

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6. There was also significant discussion about changing to a four year maximum in the Primary Care Track. After discussion, it was decided that a statement would be included that the 6-year rule does not apply to the Primary Care Track and that a maximum one year Leave of Absence may be considered.
7. There was a brief discussion on the financial aid implications of failing to progress in the Primary Care Track
8. It was noted that Part 2 will be completed on December 9. Dr. Belknap inquired about where students petitioning for deceleration after a USMLE Step 1 or Step 2 failure would enter the curriculum. Dr. Lynn noted that the test could be taken by December 31 and still post a passing score and be certified for the Match

Action Items

1. Drs. Macerollo and Rundell will make the suggested changes to the 2017-18 Student Handbook and will share these changes with the ECC in the next month. The changes were approved and will be posted in the Box
2. The calendar for the Primary Care Track had previously been approved by the ECC. Therefore, no additional action was taken

Item 4, USMLE Step 1 Report

Presenter: Dr. Curt Walker

Discussion

1. Dr. Walker noted that there is a working group looking into identification of factors that will allow early identification of Step 2 failures in follow up to a previous discussion at the ECC. He presented data on the USMLE results for the academic year 2016-17.
2. For the current academic year, OSU College of Medicine first time takers had a 97% passing rate and an average score of 234. This contrasts with the national passing rate of 95% and an average score of 228. Additionally, this also compares to last year's 99% passing rate and average score of 236 for OSU first-time takers.
3. In plotting the score range graphs, OSU students are skewed to the right, suggesting that our scores are generally above the national average for high scores and below the national average in lower scores.
4. Plots of OSU scores in terms of broad curricular areas, subject areas and body systems reveals performance at or near the national average for: biochemistry, pharmacology, nutrition and renal/urinary system. He noted that biochemistry and renal/urinary showed a slight decline from the previous year's score. Dr. Belknap noted that there was improvement in Behavioral Sciences. Dr. Danforth is looking for

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trends in this data over the last three years and has already made changes to address past deficiencies based on trends. He reminded the ECC that there is a two-year lag in seeing these changes reflected in USMLE scores.

5. Dr. Walker highlighted that since 2005, OSU College of Medicine has consistently performed above the national mean. Pass rates have consistently been 2-3% above the national mean.
6. When the z-score above the national mean is plotted over time, we have shown consistent improvement to a score of between 0.3 and 0.4. It was noted by Dr. Ledford that greater than 0.4 is considered statistically relevant.
7. Dr. Khandelwal asked us to focus on the three years of the LSI curriculum. Scores were well above the national mean and passage rates during the three years under the LSI curriculum. Overall, the ECC felt that the report demonstrated excellent performance by OSU College of Medicine on Step 1.

Action Items

1. Dr. Danforth will address some of the curricular modifications to address any deficiencies revealed in this and past reports when he presents the Part 1 report.

Item 5, Academic Standing Committee

Presenter: Dr. Grieco

Discussion

1. Dr. Grieco reported that following last month's meeting, the Academic Standing Committee has addressed some of the goals that were stated at their presentation last month.
2. The Honors and Professionalism Committee will be reporting quarterly to the ASC after discussion with Dr. Clinchot and Dr. Pfeil.
3. Plans are being made to bring proposals for a unified Student Review Committee and a feed-forward mechanism to the ECC by the ASC.
4. Dr. Grieco presented an initial proposal to have a non-binding review of a student's file prior to an appearance before the Academic Review Board that could provide the student with better information regarding the likelihood of overturning a recommendation for dismissal. There was a brief discussion on the merits and concerns with this proposal.

Action Items

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1. Drs. Grieco and Clinchot will return to the ECC with a formal proposal for a non-binding review prior to an appearance before the Academic Review Board.

Item 6, MICRO Report

Presenter: Dr. Davis

Discussion

1. In Dr. Davis' absence, it was noted that the minutes from the March meeting has been posted to the Box account for review. There were no action items to be brought forth.



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Meeting Minutes

Date:
5/23/2017

Location:
150 Meiling

Presiding Chair: Howard Werman, MD

Call to
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Minutes recorded by: Casey Leitwein

Adjourned:

5:10 pm

Member attendance

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Additional attendees: Coranita Burt, Joanne Lynn, Nicole Verbeek, Victoria Cannon, Ian Gonsenhauser,

Agenda items

Item 1, Approval of Minutes

Item 2, Resident Compliance/Orientation

Item 3, Health Systems Informatics and Quality Update

Item 4, LSI Part 1 Grading

Item 5, MICRO Report

Executive Curriculum Committee Minutes

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from April 25, 2017 were reviewed by the ECC.

Action Items

The minutes were approved by the committee without correction.

Item 2, Resident Compliance/Orientation

Presenters: Ms. Burt

Discussion

1. Ms. Burt reminded the ECC members that they had required all incoming residents and fellows to complete modules on "Effective Clinical Teaching" and "Feedback and Evaluation."
2. Based on the end of year deadline, compliance for AY 2016 was 54% for "Effective Clinical Teaching" and 53% for "Feedback and Evaluation" of those who completed their computer based learning. The most recent report from AY 2017 showed an overall compliance of 79%, a 26% increase.
3. Ms. Burt identified several problems under the old NetLearning system. Modules could not be assigned prior to orientation. The modules could not be automatically assigned to incoming residents and fellows. The modules were difficult to locate by searching in the NetLearning system. The modules were located in two different systems: the internal system used by GME (IPM) and NetLearning. Finally, the residents are required to complete multiple modules in at least four different systems.
4. Ms. Burt noted that there has been a transition in leadership over the BuckeyeLearn program. After recent discussion, some of the following changes will be noted:
 - a. The required modules can be preloaded prior to orientation
 - b. A customized compliance report has been developed for the GME office
 - c. The office will be able to get a weekly report on progress
 - d. A tracking table on individual program compliance has been developed in conjunction with program coordinators
5. Ms. Burt noted that alternative modules on "Resident Intimidation" and "Resident as Teacher" are under consideration
6. Finally, Ms. Burt was asked about the upcoming orientation. She noted that this years orientation has been completely revamped to include a series of short skill stations. Included in this will be scenarios demonstrating effective bedside teaching and providing feedback based on the assigned modules.

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Action Items

1. Ms. Burt will report back to the group regarding compliance with the assigned modules for the coming year and will update the ECC on the effectiveness of the new orientation program.

Item 3, Health Systems Informatics and Quality Update

Presenter: Dr. Gonsenhauser

Discussion

1. Dr. Gonsenhauser reviewed with the ECC changes that have been made to the Health Systems Informatics and Quality program which is a four-year longitudinal curriculum designed to teach students about the provision of safe, timely, effective, efficient, equitable and patient-centered care as defined by the Institute of Medicine.
2. He reviewed the different parts of the HSIQ curriculum that are presented at various parts of the LSI Program:
 - a. LSI Part 1 consists of several focused lectures and a requirement for students to complete Institute for Health Improvement (IHI) Open School modules
 - b. LSI Part 2 consists of eModules and didactic sessions, some individual assignments, in-class group exercises and IHI modules
 - c. LSI Part 3 consists of two major projects: High Value Care/Patient Experience and Patient Satisfaction along with additional IHI modules
3. Dr. Gonsenhauser noted that each student achieves IHI's Basic Certification in Quality and Safety at the end of HSIQ
4. The goal of the LSI Part 2 is to deliver a working knowledge of basic patient-safety, value-creation and process improvement methodology and to prepare students for the culminating process-improvement experience project. He reviewed the specific topics covered in the 9 lectures and the skills acquired including the application of the DMAIC process improvement methodology
5. Finally, in Part 3 the students complete a High Value Care/Patient Experience group project and an individual patient experience project. Dr. Gonsenhauser reviewed the specific components for each of these projects. Several of the projects have been presented at the annual Patient Safety Conference held by the Medical Center.
6. Dr. Gonsenhauser reviewed some proposed revisions to the curriculum for the coming year which included:
 - a. IHI Open School modules scheduled in conjunction with Part 1 Interprofessional events for added relevance

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- b. Crew Resource Management lecture moved to Career Exploration Week 3 to increase proximity to Part 2 clinical exposure
 - c. changes in some lectures to an asynchronous format in Part 2
 - d. changes designed to provide better continuity between HSIQ in Part 2 to Part 3
 - e. revisions to the timeline in Part 3 to start implementation phase of projects before interview season and establish groups before any away electives
 - f. recruitment of clinically active mentors and executive sponsors for HSIQ projects
7. Dr. Kman noted that there were several presentations on EPA 13 regarding identifying system failures and contribute to a culture of safety and improvement at the recent Generalists in Medical Education Conference and that the OSU COM appears to be well-ahead of other institutions in this area. Others suggested that Dr. Gonsenhaus consider publication of our curriculum.
 8. Dr. Werman asked about how the impact of past and future revisions to the HSIQ curriculum would be assessed. It was noted that some of this information is available in the end program surveys as well as post-graduate surveys.

Action Items

1. Dr. Gonsenhaus will return with data regarding the effectiveness of the HSIQ curriculum
2. Publication of the curriculum in a national medical education journal is expected

Item 4, LSI Part 1 Grading **Presenter: Dr. Doug Danforth**

Discussion

1. Dr. Danforth reviewed the current grading system for LSI Part 1 in which the top 10% get 'Honors', the next 15% receive 'Letters of Commendation' and all others successfully completing all competencies receive Satisfactory
2. In considering a proposal to move to 'Satisfactory/Unsatisfactory' only grading for Part 1, Dr. Danforth received input from the Dean staff, Part 1 program leadership and staff and students. In addition, Dr. Ledford noted that approximately 80% of medical schools have adopted pass/fail grading in their first two years of the curriculum.
3. Supportive comments regarding the proposal included a reduction in student competition and improvement in student wellness. The only negative comments were a theoretical concern for a decline in

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USMLE Part 1 scores. Further discussion centered around the fact that Part 1 grades have little impact on areas such as awarding AOA recognition or residency placement.

4. It was noted that this change may not have been uniformly conveyed to incoming medical students during this past year's interview cycle. Prior to a change instituted for the coming year, Dr. Danforth will seek input from Dr. Capers

Action Items

1. A motion was made to change grading in LSI Part 1 to 'Satisfactory/Unsatisfactory' was approved by the ECC for the coming academic year. If there is objection based on discussions with Dr. Capers, implementation can be delayed one year
2. Dr. Danforth will closely track USMLE Part 1 scores following the change

Item 5, LSI MICRO Report Back

Presenter: Dr. Werman

Discussion

1. Dr. Werman noted in Dr. Davis' absence that the LSI MICRO minutes are posted in the Box account. There was a presentation at the most recent meeting on an update to the Part 1 OSCE which will result in more transparency and feedback

Action Items

1. No action



THE OHIO STATE UNIVERSITY

COLLEGE OF MEDICINE

The Ohio State University
College of Medicine

Executive Curriculum
Committee

Meeting Minutes

Date:
6/27/2017

Location:
150 Meiling

Presiding Chair: Howard Werman, MD

Call to
order:

4:05 pm

Minutes recorded by: Casey Leitwein

Adjourned:

5:10 pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Jose Bazan	Elected Faculty Member	N
Laurie Belknap	Faculty Member	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
John Davis	Associate Dean for Medical Education	N
Mary Fristad	Chair, Academic Review Board	Y
Carla Granger	Administrator, Basic Science Department	N
Sorabh Khandelwal	Residency Program Director	Y
Nicholas Kman	Academic Program Director, LSI Part Three	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	Y
Cynthia Ledford	Elected Faculty Member	Y
Thomas Mauger	Chair, Clinical Science Department	Y
Leon McDougle	Academic Program Director, Associate Dean Diversity	Y
Andrej Rotter	Faculty Member- Faculty Council Rep	N
Charles Sanders	Assistant Dean, Affiliated program	Y
Jonathan Schaffir	Faculty Member	Y
Larry Schlesinger	Chair, Basic Science Department	N
Kim Tartaglia	Academic Program Director, LSI Part Two	Y
Lindsay Boles	Med Student Representative	N

Additional attendees: Nicole Verbeck, Judith Westman, Dan Clinchot, Alex Grieco

Agenda items

Item 1, Approval of Minutes

Item 2, Academic Standing Committee proposal

Item 3, Internal Review Report – LSI Part 1

Executive Curriculum Committee Minutes

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from April 25, 2017 were reviewed by the ECC.

Action Items

The minutes were approved by the committee with minor corrections.

Item 2, Academic Review Board proposal

Presenters: Dr. Clinchot

Discussion

1. Dr. Clinchot presented a request to expand the Academic Review Board. He noted that this group reviews all recommendations for dismissal from a Level 2 Student Review Committee to assure that due process was followed. Additionally, this committee hears all appeals for reinstatement to the College of Medicine.
2. Dr. Clinchot noted that it has been difficult to convene the Committee, given the fact that a meeting must take place within three weeks of a recommendation for dismissal. The proposal is to increase the number of general faculty from 4 to 8 members along with three designated faculty administrators who serve on the Committee. He noted that a quorum would remain at 4 with a minimum of one basic scientist and one clinical faculty member.
3. All eight general faculty would be appointed by the Dean.
4. Dr. Westman spoke in support of the motion.
5. Dr. Lacuesta asked about on-boarding for the Chair of the Committee. Dr. Clinchot noted that the chair must serve for at least two years.

Action Items

1. The ECC voted unanimously in favor of the proposal

Item 3, LSI Part 1 Internal Review

Presenter: Dr. Belknap

Discussion

1. Dr. Werman provided background into the purpose behind the internal review process, noting that by definition our faculty must be self-critical. He thanked the work group for their efforts and asked Dr. Belknap to present a summary of the slides. He noted that the slides and full report are in the Box account.
2. Dr. Belknap thanked both her committee of seven individuals as well as the assistance from OECRD in preparation of the report. Ms.

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Leitwein and Mr. Ryan Haley were also instrumental in its preparation.

3. Dr. Belknap reviewed the Committee charge which can also be found in the Box
4. Five goals of the Committee were reviewed including preparation of a SWOT analysis. Dr. Belknap noted that Six Sigma tools were utilized which provides organization and structure, is data driven and allows for continued quality improvement. The focus was on opportunities for improvement within the curriculum.
5. Dr. Belknap reviewed the multiple sources of data that were reviewed to prepare the report including expert consensus of the Internal Review Committee.
6. Graphs were reviewed demonstrating that our USMLE Part 1 scores have been improving and remain consistently above the national average. Control variability comparison charts were also presented for the LSI curriculum that demonstrated that despite significant changes in the curriculum, year-to-year the students have met performance standards throughout the process of Part 1 of the curriculum with great consistency. Dr. Belknap also looked at competency not met data; it demonstrated consistency in Medical Knowledge and Professionalism domains.
7. Other tools were used to perform a SWOT analysis, linkage of learning objectives, a fishbone analysis and a Pareto analysis.
 - a. The linkage review evaluated the mapping of a primary learning objective to a team-learning module, quiz or medical knowledge assessment. The study reveals a discrepancy between either the true linkage or the documentation in VITALS. This is an area that will need to be addressed prior to the next LCME visit. Dr. Westman provided clarification about the expectations of the Internal Review Committee
 - b. The fishbone analysis evaluated the use of primary learning objectives. It reviewed challenges in the definition of primary and secondary learning objectives, block integration, content linkage to learning objectives, the connectivity of VITALS and Examsoft as well as the use of passive versus active learning environments
 - c. The Pareto analysis demonstrated that issues in learning objectives, academic assistance, longitudinal group, block integration, faculty support and OSCE's. This was derived from simple tallies of qualitative data. Questions were posed by Drs. Tartaglia and Kman regarding the derivation of the Pareto graph.
 - d. The SWOT analysis were reviewed and presented as a handout to the ECC. This was derived primarily from discussions derived in focus groups. The ECC focused on

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- areas of weakness and opportunities for improvement in our report to the LSI Part 1 leadership.
8. Dr. Belknap presented a Prioritization Matrix that compared the time to completion of a suggested improvement versus the complexity of implementation. This information was derived by discussion within the Internal Review Committee. Dr. Kman clarified that some of the specific recommendations are contained within the Action Plan within the report.
 9. Dr. Belknap summarized the findings of the Internal Review Committee as follows:
 - a. There is alignment of the program with Institutional Education Objectives
 - b. There is opportunity for improvement in compliance with LCME standards including:
 - i. 8.2 use of medical program objectives
 - ii. 8.3 design, review, revision/content monitoring
 - iii. 8.7 comparability of education/assessment
 - iv. 4.1 sufficiency of faculty
 - v. 4.4 feedback to faculty
 - vi. 11.1 academic advising (Student Life)
 - c. Innovation, adaptability and education technology contribute to the program's success
 10. Dr. Werman highlighted the next steps following acceptance of the report by the ECC. The LSI Part 1 leadership will have to develop an action plan to address the recommendations of the Internal Review.
 11. Dr. Khandelwal highlighted that the Internal Review Committee accurately reflected the review of the data and that the process is one of 'optimization.' Dr. Westman noted that these improvements should take a quality improvement format.
 12. Dr. Danforth noted that he will work with Dr. Belknap to identify concerns regarding the underlying data as well as an action plan to make improvements based on the recommendations of the internal review. This will likely require several task forces.
 13. Dr. Ledford suggested that some revisions be made to the report to make sure that it can stand alone as a report. She suggested some formatting changes, reference to evidence and addressing limitations be made to the report. It was acknowledged that the Committee was not provided a template for the report.
 14. Dr. McDougle suggested that those who have read the formal report provide feedback to the Internal Review Committee regarding formatting and content with the hopes of having a final report by the July meeting. He also suggested documenting the use of Six Sigma in evaluating the curriculum for presentation and publication.
 15. Dr. Belknap noted that some of the information was obtained from student, faculty or staff interviews that have not been de-identified; thus, we need to protect their identities.

Executive Curriculum Committee Minutes

Action Items

1. The major Internal Review Committee recommendations are as follows:
 - a. review and revise usage of primary learning objectives
 - b. evaluate longitudinal small group
 - c. improve integration of curricular blocks
 - d. strategize faculty development and teaching support
 - e. measure academic assistance, recognition methods and structure



THE OHIO STATE UNIVERSITY

COLLEGE OF MEDICINE

The Ohio State University
College of Medicine

Executive Curriculum
Committee

Meeting Minutes

Date:
7/25/2017

Location:
150 Meiling

Presiding Chair: Howard Werman, MD

Call to
order:

4:05 pm

Administrative Support: Casey Leitwein

Adjourned:

5:50 pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Holly Cronau	Faculty Council Representative	Y
Raphael Pollock	Elected Faculty Member	Y
Laurie Belknap	LCME Compliance Officer	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
Judith Westman	Special Assistant for Curriculum	Y
Arwa Shana'ah	Chair, Academic Review Board	Y
Carla Granger	Administrator, Basic Science Department	Y
Alex Grieco	Chair, Academic Standing Committee	Y
Sorabh Khandelwal	Residency Program Director	Y
Nicholas Kman	Academic Program Director, LSI Part Three	N
Nanette Lacuesta	Assistant Dean, Affiliated program	N
Cynthia Leford	Elected Faculty Member	Y
Thomas Mauger	Chair, Clinical Science Department	Y
Leon McDougle	Academic Program Director, Associate Dean Diversity	Y
Andrej Rotter	Faculty Member- Faculty Council Rep	N
Charles Sanders	Assistant Dean, Affiliated program	Y
Jonathan Schaffir	Faculty Member	N
Mark Parthun	Chair, Basic Science Department	Y
Kim Tartaglia	Academic Program Director, LSI Part Two	Y
Aroh Pandit	Med Student Representative	Y

Additional attendees: Victoria Cannon, Joanne Lynn

Agenda items

Item 1, Approval of Minutes

Item 2, Board Preparation Block proposal

Item 3, LSI MICRO workgroups proposal

Item 4, Admissions Committee update

Item 5, Approval of LSI Part 1 Internal Review report

Item 6, Update on LSI Part 2 Internal Review

Executive Curriculum Committee Minutes

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from June 27, 2017 were reviewed by the ECC.

Action Items

The minutes were approved by the committee without corrections.

Item 2, Board Review Block proposal

Presenters: Dr. Westman

Discussion

1. Dr. Westman brought forward a proposal that had been discussed and approved by the LSI MICRO Committee on July 14. She noted that the current structure of the LSI Curriculum with the final block being a Board Review Block causes overlap between completion of Part 1 and the licensure requirements of the USMLE. There is greater pressure to complete Part 1 of the curriculum and thus, inadvertent delays for high risk students in preparing for USMLE Step 1. This has also resulted in delayed entry into Part 2 of the curriculum and the potential for academic misconduct due to repeated exposure to examinations.
2. LSI MICRO proposed a multi-prong approach to the problem. The first component is strengthening the longitudinal component in preparing students to prepare for and take the USMLE Step 1 examination. These will be added to the Orientation Week, Career Exploration Week 1 and Career Exploration Week 3 (see slides).
3. The second component was to establish the Board Prep Block as the pre-entry requirement into Part 2. Successful completion of Part 1 would conclude when the student met all of the curricular requirements and successfully completed the Host Defense block.
4. Students would be assessed for their preparedness to take USMLE Step 1 based on academic performance after the Endo/Repro Block. Students at risk would receive additional resources provided by Student Life and would be required to take an NBME practice examination in mid-March. A voucher would be provided to these students.
5. Dr. Westman provided an algorithm, based on averages of MCQ final exams to optimize sensitivity and specificity of detection of high-risk students. Applying this algorithm, we would be able to capture all students at risk of failure (100%) and a significant percentage of near misses, defined as a score of < 200 (24 of 27, 86.9%), regardless of their medical knowledge competency status.
6. Data was presented that the average multiple choice exam scores for Cardiology, GI/Renal and Endo/Repro had the appropriate sensitivities and specificities to screen for high-risk students. The tool would

Executive Curriculum Committee Minutes

identify those at risk, including some students who did not have medical knowledge competency failures. Reviewing data from prior years revealed that 2 students who failed Step 1 without medical knowledge failures in the curriculum would have been identified.

7. Dr. McDougle questioned how this change might impact students who were struggling in the curriculum, wondering if this would put further pressure on them to complete Part 1 of LSI and prepare for USMLE Step 1. Dr. Westman reviewed the timeline and emphasized that the changes would actually reduce the pressure to complete both tasks. Dr. Lynn noted that the changes would actually reduce some of the mental health concerns that are associated with time pressures which have resulted from the current format.

Action Items

1. The ECC voted without dissent in favor of the proposal

Item 3, LSI MICRO Workgroup proposal

Presenter: Dr. Westman

Discussion

1. Dr. Westman brought forth a proposal that was discussed at the LSI MICRO Meeting on July 14. The intent was to clarify the voting membership of the LSI MICRO Committee and to define the relationship between the Learner Assessment and Program Evaluation Working groups.
2. The proposal defined voting members of LSI MICRO (Management, Innovation, Compliance, Revision, Optimization) as being the Associate Dean of Medical Education, the three academic program directors, the eight directors of competencies and a maximum of four faculty members with at least 0.25 FTE invested in curricular leadership. This group would meet monthly in between the ECC meetings, have 16 voting members including the chair and have a quorum of 5 members.
3. Each of the two workgroups would have membership consisting of the LSI MICRO Committee members; three additional members would participate in the Learner Assessment group to include expert educators with expertise in evaluation and assessment. The working groups were to meet at least quarterly and at most every other month. Once a quorum of 5 LSI MICRO members were present at the working groups, formal actions could be taken and presented to the LSI MICRO Committee.
4. There was discussion about the selection of faculty representatives to LSI MICRO. It was determined that this should be limited to a two-year term (initial terms for two representatives would be one-year)

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and would be determined by vote among approximately 21 faculty members with 0.25 or more FTE in educational leadership.

5. There were additional concerns raised about the potential for action to be taken by the workgroups and/or LSI MICRO Committee with a quorum of only five; it was then noted that all of these groups are in effect advisory to the ECC who was the only body empowered to make changes to the curriculum.

Action Items

1. A motion was made to accept the changes to the operating manual for LSI MICRO as well as the Learner Assessment and Program Evaluation Working Groups to include language regarding the terms and elections of four educational leaders to LSI MICRO. The motion passed without dissention.
2. Dr. Westman will circulate the revised language to the ECC

Item 4, Admissions Committee Update

Presenter: Dr. Capers

Discussion

1. Dr. Capers presented the most recent data regarding the 2017 entering class as of July 25, 2017. He noted the OSU College of Medicine is currently ranked 31st of 142 medical schools and 11th of 87 public institutions.
2. Dr. Capers noted that applications to OSU COM have risen from 4185 to 7199 since 2009. Put another way, one in seven applicants applies to the OSU COM.
3. 53% of the incoming class are women and 26% are under-represented in medicine. In terms of African-American students, OSU now ranks 9th in absolute numbers of such students excluding historically Black colleges and universities. Dr. Sanders noted that the ranking may not accurately reflect percentages. Twenty percent are socioeconomically disadvantaged.
4. The average GPA for incoming students is 3.74. The average MCAT for entering students is 512 under the new scoring system and is 34 for students who completed the MCATs under the old system.
5. Of 7199 applications, 4244 were evaluated by screeners and classified as: superior, strong, acceptable and do not interview; eventually 673 students were interviewed. These students were either accepted, deferred or rejected. 359 offers were made to establish a class of 207 entering students.
6. Dr. Capers shared the holistic approach to considering the students' metrics, experiences and attributes in extending offers to the class. He noted that there is a 'floor' for MCAT scores which is based upon

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the College's history review of entering MCAT scores and % graduation on time. The current floor is an MCAT of 25 (old system). Dr. Capers noted that they will be updating these grafts based on more current data. Dr. Capers reviewed the new MCAT format and noted that this is a norm-based score with the average student taking the examination corrected to a score of 500 (125 per section)

7. Dr. Capers shared some data that was being reviewed regarding 'encore' students. He noted that for 2016 and 2017, nearly 50% of students had MCAT scores above the 90th percentile. Dr. Lynn noted that these students included those who delayed their education for academic and non-academic reasons. It was suggested that Dr. Capers and the Admissions Committee analyze the factors that predict academic delays in the curriculum.

Action Items

1. Develop a more detailed analysis of academic delays in the curriculum based on admissions criteria

Item 5, LSI Part 1 Internal Review

Presenter: Dr. Werman

Discussion

1. Dr. Werman again thanked the Committee for their hard work on the internal review of LSI Part 1.
2. He noted that there have been formatting changes made to the previous draft of the report including the addition of a Table of Contents, addition of a Limitations section to the report, addition of the Priority Matrix to the formal report and finally, the summary of major recommendations of the report under the Action Plan section with the list of suggested action steps moved to a separate Appendix.
3. He thanked members of the ECC who provided input to the revision. Dr. Werman noted that the report will be passed on the LSI Part 1 Academic Program Committee who will be responsible for developing a specific action plan based on these recommendations. Dr. Danforth concurred with this plan and agreed to return to the ECC with the APC's response to the report.

Action Items

1. The LSI Part 1 Internal Review report was accepted without dissent by the ECC
2. Dr. Danforth and the LSI Part 1 leadership will return to the ECC with their action plan based on the report's recommendations.

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Item 6, LSI Part 2 Internal Review

Discussion

1. It was announced that Dr. Dan Cohen will lead the Part 2 Internal Review Committee who will receive its formal charge from the ECC

Action Item: none at this time



THE OHIO STATE UNIVERSITY

COLLEGE OF MEDICINE

The Ohio State University
College of Medicine

Executive Curriculum
Committee

Meeting Minutes

Date:
9/26/2017

Location:
150 Meiling

Presiding Chair: Howard Werman, MD

Call to
order:

4:08 pm

Administrative Support: Casey Leitwein

Adjourned:

5:50 pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Holly Cronau	Faculty Council Representative	Y
Raphael Pollock	Elected Faculty Member	Y
Laurie Belknap	LCME Compliance Officer	N
Douglas Danforth	Academic Program Director, LSI Part One	Y
Judith Westman	Special Assistant for Curriculum	N
Arwa Shana'ah	Chair, Academic Review Board	N
Carla Granger	Administrator, Basic Science Department	Y
Alex Grieco	Chair, Academic Standing Committee	N
Sorabh Khandelwal	Residency Program Director	Y
Nicholas Kman	Academic Program Director, LSI Part Three	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	N
Cynthia Ledford	Elected Faculty Member	Y
Thomas Mauger	Chair, Clinical Science Department	Y
Leon McDougle	Academic Program Director, Associate Dean Diversity	N
Andrej Rotter	Faculty Member- Faculty Council Rep	N
Charles Sanders	Assistant Dean, Affiliated program	N
Jonathan Schaffir	Faculty Member	Y
Mark Parthun	Chair, Basic Science Department	Y
Kim Tartaglia	Academic Program Director, LSI Part Two	Y
Aroh Pandit	Med Student Representative	Y

Additional attendees: Victoria Cannon, Nicki Verbeck

Agenda items

Item 1, Approval of Minutes

Item 2, Medical Scientist Training Program

Item 3, AAMC Graduate Questionnaire Survey Report

Item 4, Revised LSI Part 2 Action Plan

Item 5, Miscellaneous Items

Executive Curriculum Committee Minutes

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from August 22, 2017 were reviewed by the ECC. Dr. Tartaglia has uploaded a revised Action Plan to the Buckeye Box.

Action Items

The minutes were approved by the committee with corrections.

Item 2, Medical Scientist Training Program

Presenters: Dr. Kirschner

Discussion

1. Dr. Kirschner introduced himself as the interim director of the MSTP program and his staff, Ashley Bertram and Aaron Thomas. He reviewed the MSTP Curriculum as a modification of the LSI Curriculum. He reviewed the three Core Graduate Programs and four Affiliated PhD Programs including the recently added Public Health.
2. The curriculum was reviewed by Dr. Kirschner which actually begins the summer before the start of the medical school curriculum with two laboratory rotations. The only program-specific addition to the LSI Part 1 curriculum specific to the program is the MSTP Roundtable. Host Defense is offered between years 1 and 2 with an option for an additional laboratory rotation. Dr. Kirschner noted that about 50% of students proceed with this option. He noted that there is no academic requirement for participants who elect to take an additional laboratory rotation. Dr. Danforth recommended that academic performance be considered in allowing this option. One graduate course is completed during the fall quarter of the second year of LSI Part 1. Upon completion of Part 1, students take USMLE Step 1 (Feb, Spring Semester). Following this, students complete their graduate courses and develop/defend their thesis work. During their time away from medical school, students spend ½ day in a clinical environment weekly. Finally, years 7 and 8 are traditional years 3 and 4 of the medical school curriculum. Dr. Kirschner commented on some slight variations in the Biomedical Engineering program.
3. Dr. Kirschner highlighted the program growth from 5 to 10 students per year, noting that there are now 72 students currently in this program. The average MCAT's are in the 91st percentile and average GPA for students in the program is 3.75. 43% are women and 18% represent URM students. The Biomedical Science PhD is the most common Core Graduate Program with 51 students. The average graduation time is 8 years, consistent with the national average and there has been an attrition of 4 students in the past 5 years. He explained that

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- two of these students pursued a MD degree only and two left the program completely for other degrees. Students average 1.9 publications during Med 3 and 4 years.
4. Dr. Kirschner noted that students have matched at prestigious residency programs. He commented that students have obtained competitive fellowships and there have been 15 publications in 2017 to date. Dr. Kirschner highlighted the accomplishments of two students currently in the program and reviewed the current leaders of the Medical Scientist Student Organization.
 5. The academic progress in the medical school curriculum for MSTP students was reviewed. One student in each class from 2014-2016 has experienced some difficulty; there have been no issues with the 2017 class.
 6. Three areas of challenge were reviewed:
 - a. Host Defense is currently offered in the summer of the first year, out of sequence with LSI. In the last year, all students passed the block. Both Dr. Danforth and Kirschner agreed that while not the perfect solution, it has led to acceptable outcomes. Dr. Danforth noted that the addition of TLM exercises in the coming year should improve the Host Defense block.
 - b. Due to commitments to graduate program coursework, there are occasion conflicts with medical school morning lectures in Autumn semester, year 2. These have been resolved by Drs. Kirschner and Danforth in consultation with Part 1 faculty with acceptable outcomes for MSTP students.
 - c. There is a specific MSTP-led Step 1 Preparatory Course conducted in conjunction with the College of Medicine held in December of year 2.
 7. Dr. Kirschner has presented the evolution of the MSTP program at the AAMC Great Group program recently.
 8. Dr. Kirschner reviewed the admission process for MSTP students; four sessions are conducted for competitive students. There has been a 76% increase in applications over the past 6 years. Ms. Cannon asked how this was integrated with the regular medical school admissions process.
 9. Several program initiatives were reviewed:
 - a. MSTP Mentor Academy
 - b. MSTP Advanced Competency in year 4 involving a clinical research project and other longitudinal training in academic careers
 - c. Bioethics Courses for MSTP students
 - d. Active engagement in recruiting a diverse student body with the Office of Diversity and Engagement as well as reverse recruiting at targeted institutions
 10. The SUCCESS Program was discussed which is a summer research program targeting talented URM high school students.

Executive Curriculum Committee Minutes

11. Dr. Pollack asked about students who develop an interest in PhD work during medical school. Dr. Kirschner discussed advanced training applicants who enter the program after the start of medical school. There is also an option for other students who interrupt their medical school training to pursue a PhD that allows participation in MSTP activities without formal enrollment in the program.
12. Dr. Schaffir asked about the clinical gap between years 2 and 3. Dr. Kirschner discussed both the weekly clinical activities these students participate in during PhD years as well as the introduction to clinical medicine course conducted for returning Med 3 MSTP students.

Action Items

1. Review data on USMLE Part 1 Host Defense sections for MSTP students to better assess performance relative to LSI Part 1 students.

Item 3, AAMC Graduate Questionnaire Results

Presenter: Ms. Verbeck

Discussion

1. Ms. Verbeck reported on the results on the 2017 Graduate Questionnaire Survey Results, representing responses primarily from the second LSI class. The graduates had a response rate of near 80%. Data is reported as the percent of students who respond 'agree' or 'strongly agree' and is compared to previous graduate responses with a historical goal of 95% having previously been established.
2. The overall student satisfaction with their medical education was 95% that represented an improvement from the prior year and was above the national average. There was over 90% satisfaction with clinical integration in basic science topics and basic science integration into clinical rotations, both improved from prior year.
3. In the basic science subjects, biochemistry, biostatistics and genetics showed declining satisfaction from the prior year and were below the national average. All other areas showed improvement although some remain below the national average. Specifically, pharmacology showed improvement but remained below the national average.
4. The clinical rotations showed high levels of satisfaction between 80-90% and generally stayed consistent with the exception of Neurology that had a notable decline. Direct observation of history taking and physical examination along with mid-clerkship feedback showed improvement. Specifically, overall satisfaction with resident and faculty teaching improved and exceeded the national average.

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5. Ms. Verbeck presented rotation-specific metrics. Notable were faculty teaching scores in surgery and obstetrics and gynecology which declined and were below the national average.
6. Overall, metrics examining preparation for residency were highly rated and were near or exceeded the national average.
7. New questions on the value of diversity in the medical school appear to be in line with the national average. The same was noted for observations of professional behavior compared to behaviors taught in the curriculum. A series of new questions on professionalism all showed a slight decline compared to prior year.
8. While OSU was below the national average for personal development in medical school, we were above the national average in the area of professional development. Both categories improved over prior years and place OSU College of Medicine in the top 10% nationally.
9. Support from the Dean's office was highly regarded as were most other support services. Most notable were ratings for financial assistance service and specialty advising. Health and wellness also received high satisfaction.
10. Areas for improvement:
 - a. Basic Science evaluations for biochemistry, biostatistics and genetics
 - b. Faculty teaching evaluations for Surgery, OB/GYN and Neurology
 - c. The declining professionalism scores but it was noted that these are new items
11. It was pointed out that the AAMC Graduate Questionnaire provides some additional information for LSI Parts 1 and 2 programs to augment more timely surveys that are conducted at the end of each program. Drs. Danforth and Tartaglia discussed whether this information provides any new or surprising information. No specific concerns were identified. It was also suggested that the topics such as biochemistry addressed in AAMC GQ aligns with more traditional curricula.
12. Dr. Ledford expressed concerns regarding the direction that responses to the new professionalism questions were trending.
13. Dr. Danforth raised the questions about the manner in which this data is presented, suggesting that perhaps an 'average' be used and including all of the data. Dr. Ledford noted that the data points or ordinal and suggested a frequency table. Dr. Pollack asked if current students receive this information.
14. Dr. Ledford suggested that we use percentiles provided by the AAMC. Ms. Verbeck will modify this year's report to include percentiles on the graph. The report will be released to Department chairpersons, individual clerkships and program directors. It was noted that this is a single measure and represents only graduating student perceptions.

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Preliminary Action Items

1. Ms. Verbeck will revise the report to include national percentiles that will be forwarded to the ECC. Pre-LSI data may be included to elucidate some problem areas.
2. The ECC will subsequently identify 1-2 areas to focus on improvement based on their review of the revised report.
3. The ECC will specifically focus on the trends in professionalism responses.

Item 4, Revised LSI Part 2 Action Plan

Presenter: Dr. Werman

Discussion

1. Dr. Tartaglia presented the revised Action Plan in follow up to last month's ECC meeting. She noted that the third item was changed from focus groups to bi-annual site visits. Members of the ECC asked about the ability to gather feedback from students during these visits as well as whether site-specific feedback is provided.

Action Items

1. The revised Action Plan was approved by the ECC.

Item 5, Miscellaneous

Presenter: Dr. Werman

Discussion

1. Dr. Werman reported on additional information received regarding the 'residents as educators' required modules. These are in the Box.
2. Dr. Daniel Cohen sent an update on the LSI Part 2 Internal Review.

Action Items

1. None



THE OHIO STATE UNIVERSITY

COLLEGE OF MEDICINE

The Ohio State University
College of Medicine

Executive Curriculum
Committee

Meeting Minutes

Date:
10/24/2017

Location:
150 Meiling

Presiding Chair: Howard Werman, MD

Call to
order:

4:08 pm

Administrative Support: Casey Leitwein

Adjourned:

5:50 pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Holly Cronau	Faculty Council Representative	Y
Raphael Pollock	Elected Faculty Member	N
Laurie Belknap	LCME Compliance Officer	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
Judith Westman	Special Assistant for Curriculum	Y
Arwa Shana'ah	Chair, Academic Review Board	N
Carla Granger	Administrator, Basic Science Department	N
Alex Grieco	Chair, Academic Standing Committee	N
Sorabh Khandelwal	Residency Program Director	N
Nicholas Kman	Academic Program Director, LSI Part Three	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	N
Cynthia Leford	Elected Faculty Member	Y
Thomas Mauger	Chair, Clinical Science Department	Y
Leon McDougle	Academic Program Director, Associate Dean Diversity	Y
Andrej Rotter	Faculty Member- Faculty Council Rep	Y
Charles Sanders	Assistant Dean, Affiliated program	Y
Jonathan Schaffir	Faculty Member	Y
Mark Parthun	Chair, Basic Science Department	N
Kim Tartaglia	Academic Program Director, LSI Part Two	Y
Aroh Pandit	Med Student Representative	Y

Additional attendees: Nikki Radcliffe, Nicki Verbeck

Agenda items

Item 1, Approval of Minutes

Item 2, MedPath Program

Item 3, LSI Part 3 Report

Executive Curriculum Committee Minutes

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from September 26, 2017 were reviewed by the ECC.

Action Items

The minutes were approved by the committee with corrections.

Item 2, MedPath Program

Presenters: Dr. McDougle/Ms. Goldsberry

Discussion

1. Dr. McDougle introduced himself as the physician director of the MedPath program and introduced Nikki Goldsberry as the program coordinator. He presented the annual report for the MedPath program.
2. Dr. McDougle reported on the 15 students entering the program for 2016-17. All students completed the program successfully with a 3.66 GPA. Eleven of the 15 who took the May MCAT improved their scores by a total of 5 points or more and thus were thus provided a \$500 scholarship. All 15 matriculated to the College of Medicine's first year class. The requirements for matriculation were reviewed.
3. Dr. McDougle reported that Concept Mapping is now fully integrated into the curriculum. Concept maps are shared every 2 weeks in small student groups and the focus of these efforts has been on Physiology 601.
4. Dr. McDougle reviewed longitudinal support for program graduates with regards to USMLE Step 1 including 'First Aide' books, a year's subscription to the Kaplan Q-bank and a 90 day subscription to the USMLEWorld Q-bank. Eight students took the examination during this past academic year – seven were successful on the first attempt and the eighth passed on the second attempt.
5. Dr. McDougle reviewed some of the accomplishments of MedPath graduates. One student received the Choose Ohio First; a second was awarded one of two Diversity URM Away Rotation awards from the American Academy of Otolaryngology. Finally, he acknowledged the efforts of residents and fellows who have served as mentors for MedPath students this past year (see handout).
6. The program provides funding for general and instructional fees up to the level of non-resident tuition to MedPath students. No stipend is provided.
7. Dr. McDougle presented the historical data for both MCAT scores as well as USMLE Step 1 passing rates. Dr. McDougle noted that the required retake of MCAT was introduced in 2004 and the integration of concept mapping was initiated in 2015. Dr. Danforth asked about the

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MedPath experience with concept mapping. He noted that first time pass rates have been improving as demonstrated on the historical chart. Dr. Westman asked about the continued use of concept mapping within the LSI Curriculum by MedPath graduates. Ms. Goldsberry suggests that there is anecdotal evidence of continued use. Finally, Dr. Ledford suggested that analyzing the change in MCAT scores after completion of the program would be a useful assessment of the program's success.

8. Demographic data for 15 students chosen from an applicant pool of 209 students was presented. The class included an overall GPA of 3.39 with an average MCAT of 495 (22). Nine matriculants were women and 8 were Ohio residents. The distribution of undergraduate institutions and academic majors was presented.
9. Finally, program evaluations were completed by 8 of 15 students. These evaluations were mostly positive with some concerns over confusion regarding the financial aid package. It was noted that these students are continuing education students, as opposed to Masters-level students, thus preventing them from securing student loans. Dr. Westman and Dr. Ledford raised the possibility of developing a Masters in Biomedical Education program as an option.
10. Ms. Goldsberry noted that she meets with students to develop an individualized learning plan. With regards to courses offered in the program, there was a concern over an instructor in Molecular Genetics expressed by one student. An additional concern was raised regarding Pathophysiology 5500 that is both on-line and intense in content. There was a discussion regarding limitations in the availability of courses under the current structure of the program as a continued education offering.

Action Items

1. Repeat a program survey among MedPath graduates who have completed Part 1 of the LSI Curriculum.
2. Continue to investigate the option of becoming a Masters-level program under the Department of Biomedical Education, Biomedical Sciences division working with Dr. Ledford.

Item 3, LSI Part 3 Report

Presenter: Dr. Kman

Discussion

1. Dr. Kman thanked the OERCRD team for assisting in preparation of the Part 3 report. He reviewed the requirements of Part 3 including two required rotations (AMHBC and AMRCC), an advanced competency and 4 electives. They must also complete a portfolio

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- presentation and an HSIQ project along with completion of one clinical track. The vast majority of grades for Part 3 isare based on evaluations in AMHBC and AMRCC.
2. Dr. Kman reviewed the structure of the AMHBC course and end of course evaluations based on 131 responses. The mean overall satisfaction was 4.14 out of 5. Organization of the course was given a score of 4.27 with 11 students commenting that it was not clear to them how Emergency Medicine integrated with the sub-internships. The EM component was rated at 3.91 and sub-internship was graded at 4.12 (out of 5). There was some discrepancy in the percentages listed (due to Vitals reporting) and Dr. Kman would like to include trends in future presentations. Dr. Schaffernocker has worked to develop a wide spectrum of sub-internships for this program with current challenges remaining in developing a sub-internship in Orthopedics.
 3. Dr. Kman reviewed the structure of AMRCC coordinated by Drs. Fernandes, Ecklar, and Rundell. Overall quality is rated at 3.76 and organization was ranked 4.09 on a 5-point scale with improvement from the previous year. The clinical relevance was ranked as 4.42 and professionalism was rated 4.62, related to the fact that there have been many additional topics on professionalism covered in the course. The positive narratives included the clinical sites for the course while the negative comments centered around TBL exercises. There have been some administrative challenges with this course as well due to the lack of a dedicated coordinator (Laura Volk covering role of AMRCC Coordinator). Dr. Kman specifically discussed challenges with residency interviews that have been scheduled during AMRCC.
 4. Dr. Kman reviewed the end of LSI Part 3 survey results. Positive responses were noted for learning about ethical dilemmas, patient advocacy and the costs of testing and treatment. There was strong support for learning related to EPA 2, 3, 6, 8, 11 and 12. There is an opportunity for improvement in EPA 4 (entering orders and writing prescriptions). Dr. Kman discussed the possibility of using the IHIS test environment to enhance student experiences in this area. He also noted strong evaluations for EPA 13 which correlates well with improvements in HSIQ.
 5. Dr. Kman reviewed data on the Advanced Competencies. He presented a slide on the variety of topics offered in the curriculum, noting that some of these can be completed prior to the fourth year. Students must take one Advanced Competency but several students elect to take more. Evaluations for overall quality, acquisition of advanced skills and meeting learning objectives are all improved from the previous year. There is an effort to improve learning objectives and assessments associated with the advanced competencies.

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6. Dr. Kman reviewed the various specialties offering clinical tracks that are designed to prepare students to assume their role as first year residents. There was a significant jump in the positive evaluations of clinical tracks as a learning experience from the previous year. The scores for learning objectives also showed improvement in student evaluations as did evaluations of roles and expectations of the students in the Clinical Tracks. Dr. Kman noted that the full impact of the Clinical Tracks may not be obvious until students enter residency.
7. The overall assessments were positive in the following areas regarding the 4th year: exploring a specialty choice, attending interviews and preparation for USMLE. Dr. Kman noted that having one-third of Part 3 being flex time seems to provide an appropriate balance between clinical obligations and other commitments (including interviews) in the fourth year. There was some discussion regarding some of the longitudinal experiences that can count towards requirements for Part 3.
8. Dr. Kman summarized slides on the learning environment. Of the 16 reported duty hour violations were reported, only 2 represented true violations. These two were violations which occurred as the result of the student's initiative rather than the requirements of the rotation. Dr. Westman and Dr. Ledford remarked that we need to enforce violations based on service demands but that those based on educational demands are more challenging. Many of these violations were reported in error. There was a discussion about various methods to reduce errors without seeming to coerce students from reporting legitimate concerns. Dr. Tartaglia noted that modifications to this question including the drop down lists have been added to questions on intimidation and that these have only reduced the number of false positive responses. Students should be made aware that their responses are confidential but *not* anonymous. Responses remain de-identified to the faculty.
9. There were 12 reports of intimidation, six of which were true positives. These were not directed against any students directly and none were felt to be egregious. There were 7 reports of safety and supervision violations, all were incorrect. Dr. Kman reported on 25 reports of late grades: 9 involved course coordinators, 10 involved faculty supervisors of electives and 6 involved away electives. The latter were the most challenging but Dr. Kman felt that getting perfect reporting within 6 weeks may be unobtainable. Dr. Ledford noted that there are issues with Vitals that may be contributing to late grade reporting.
10. Dr. Kman reviewed the previous year's action plan: improving compliance with EPA 4 will be addressed by Dr. Kristen Lewis in the mini-internship. Discussions on fatigue, self-care, stress management/coping and burnout have been added to AMHBC. There is continued work on Vitals and on tagging learning objectives

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to the Core Educational Objectives and USMLE Content Outline. There is continued scholarship being produced involving aspects of LSI Part 3. Additional parts of the action plan that are ongoing are: developing consistency among the clinical tracks, developing a 'feed forward' process for program directors and clinical track directors, improving faculty engagement with HSIQ and continuing Part 3 faculty development. Part of the issues surrounding clinical tracks involves funding of coordinator positions.

11. Dr. Kman reviewed the positive elements of Part 3 including evaluations for AMHBC and AMRCC, preparation for residency, evaluations on EPAs and the unique elements of the curriculum including clinical tracks and advanced competencies. He noted that several other medical schools are considering the implementation of clinical tracks.
12. Opportunities for improvement include striking the right balance between course requirements and interview schedules, improving the consistency and rigor of each elective, improving student experience in EPA 4, improving the clinical track experience and achieving consistency, making improvements to MyProgress and Vitals and securing administrative support for AMRCC. Parenthetically, Dr. Kman reported that the need for students to respond to requests for interviews has intensified and has impacted clinical experiences of medical students.

Preliminary Action Items

1. Review the balance between course work and scheduled interviews for students. Base changes on the residency interview survey which was completed last March.
2. Seek to improve the EPA-4 experience under the guidance of Dr. Kristen Lewis as part of the mini-internship rotation.
3. Report on administrative support for AMRCC following the addition of Gail Luster in her new role; this should lead to improvement in the number of late grades reported to the AAMC.
4. Review all electives for consistency and rigor; learning objectives for advanced competencies must be revised.
5. Publish a manuscript reporting on the LSI Part 3 experience.



THE OHIO STATE UNIVERSITY

COLLEGE OF MEDICINE

The Ohio State University
College of Medicine

Executive Curriculum
Committee

Meeting Minutes

Date:
12/19/2017

Location:
150 Meiling

Presiding Chair: Howard Werman, MD

Call to
order:

4:08 pm

Administrative Support: Casey Leitwein

Adjourned:

5:50 pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Holly Cronau	Faculty Council Representative	N
Raphael Pollock	Elected Faculty Member	N
Laurie Belknap	LCME Compliance Officer	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
Judith Westman	Special Assistant for Curriculum	Y
Arwa Shana'ah	Chair, Academic Review Board	N
Carla Granger	Administrator, Basic Science Department	N
Alex Grieco	Chair, Academic Standing Committee	N
Sorabh Khandelwal	Residency Program Director	Y
Nicholas Kman	Academic Program Director, LSI Part Three	N
Nanette Lacuesta	Assistant Dean, Affiliated program	N
Cynthia Ledford	Elected Faculty Member	N
Thomas Mauger	Chair, Clinical Science Department	N
Leon McDougle	Academic Program Director, Associate Dean Diversity	N
Andrej Rotter	Faculty Member- Faculty Council Rep	N
Charles Sanders	Assistant Dean, Affiliated program	N
Jonathan Schaffir	Faculty Member	Y
Mark Parthun	Chair, Basic Science Department	N
Kim Tartaglia	Academic Program Director, LSI Part Two	N
Aroh Pandit	Med Student Representative	N

Additional attendees: Kevin Stringfellow, Nicki Verbeck, Victoria Cannon, John Mahan

Agenda items

Item 1, Approval of Minutes

Item 2, USMLE Step 2 CK/CS Results

Item 3, LCME Compliance Update

Item 4, Director of Competency Report - Professionalism

Executive Curriculum Committee Minutes

Item 1, Approval of last meeting's minutes

Discussion

1. Due to a lack of a quorum, the October 24 minutes could not be approved.

Action Items

The minutes will be considered at the next meeting of the ECC.

Item 2, USMLE Step 2 CK/CS Results

Presenters: Kevin Stringfellow

Discussion

1. Kevin Stringfellow introduced himself and presented the report on USMLE Step 2 results. The data comes from the annual reports received from NBME.
2. The results are compared first time takers in 2016-17 to the previous year, which was the largest class in the College of Medicine (2015-2016). Comparing the classes, the pass rate was 99% for the most recent class (2016-17) on Step 2 CK versus 98% for the previous year. This compares to a national pass rate of 96% for both years. The average score was 251 for both classes compared to a national mean of 242. Fifty-two fewer students took the examination in 2016-17.
3. The score histogram reveals a shift in scores to the right (higher scores) for the current year and compares favorably to the national distribution.
4. The histogram for each of the areas (competencies, systems and disciplines) for OSU was consistently above the national mean for these areas.
5. The COM scores have remained above the national level since 2004 and this trend continues following the implementation of the LSI curriculum. Dr. Mahan asked about the process by which the NBME sets the minimum passing score, noting that the score has continued to rise in recent years. Dr. Westman pointed out that this was based on a standard setting process which took into account improving Step 2 scores over time, in part explained by increased examination preparation by many schools and the use of NBME shelf examinations in medical school curricula. The Z-score for OSU COM has also continued to rise over time, with a current Z-score of 0.5 standard deviations about the national mean. The positive trend was felt to be significant.
6. Scores for Step 2 CS shows a 99% total test passing, with 99% on the Integrated Clinical Encounter, 100% of Communication and Interpersonal Skills and 100% on Spoken-English Proficiency. This compares to 98% passing for last year's first time takers. Since the

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initiation of the LSI curriculum, we have remained above the national average.

7. Dr. Khandelwal asked whether our performance is related to the quality of the students or the quality of the curriculum. There was some discussion among the members present about teasing out this distinction. Dr. Westman noted that there is minimal correlation between the MCAT and clinical scores, thus limiting our ability to answer this question using MCAT scores. Dr. Mahan pointed out that at a minimum, the LSI curriculum is not hampering our students.

Action Items

1. None based on this report

Item 3, LCME Compliance Update

Presenter: Dr. Belknap

Discussion

1. Dr. Belknap updated the group on our efforts to remain compliant with the current LCME standards and specifically, how the ECC can assure compliance in its areas of responsibility. She noted that the LCME is emphasizing the importance of a CQI process in improving the educational experience for students.
2. Dr. Belknap reviewed the DMAIC process for CQI and noted that the programs have thusfar done a good job with Define, Measure and Analyze components, suggesting that we need to move towards emphasizing the Improve and Control phases.
3. Dr. Belknap noted that we are doing well in some areas, specifically examining the consistency of experiences within the rings in LSI Part 2. She highlighted the use by Dr. Tartaglia of the annual report template developed by Drs. McIlroy and Belknap. She noted that the ECC's overall documentation of progress for short-term goals has been very good and that there is evidence of use of the DMAIC process at the program level.
4. It was noted that several resources have been placed in the folder in the ECC folder in Box regarding compliance with standards.
5. The Internal Program Reviews are an important way of document our efforts to apply CQI to the curriculum. Finally she noted that our Diversity Policies and an admission process that supports diversity are consistent with an area of the focus by the LCME as our efforts to improve the learning environment for students. One additional focus are efforts to promote professionalism among faculty and residents.
6. Dr. Belknap focused on the importance of CQI with proper analysis of data, especially on outcomes. The LCME expects this process to focus on short- and long-term goals.

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7. Dr. Belknap noted that the LCME will likely focus on areas of previous concern identified during past visits by the LCME. Thus, we need to continuously monitor comparability of learning experiences throughout the entire curriculum as well as to demonstrate clear oversight of the curriculum by the ECC. They will also likely focus on diversity, professionalism and the learning environment (Standard 3). She pointed to a recent article in Academic Medicine discussing Severe Action Decisions (SAD). Dr. Belknap highlighted several standards that will likely be a focus of the LCME, focusing on several sub-sections in Standards 8 and 9. The LCME expects a plan which includes timing, responsibility and specific duties.
8. Dr. Belknap suggests that we focus on comparability of educational experiences and assessments as well as alignment of learning objectives within the curriculum since these have been identified by LCME or by internal review. Comparability would include experiences in Part 1 (Longitudinal Group) and Part 3 (AMRCC, AMHBC).
9. Dr. Belknap suggested that we revise the charge document for Internal Reviews of academic programs to be more specific in expectations. In addition, a review of the entire curriculum is expected. Dr. Werman noted that following individual program reviews, there is an internal review of the curriculum as well as reports by the Directors of Competency that will focus on the entire curriculum.
10. Dr. Westman noted that one area where we can immediately demonstrate our compliance with the expectation that the ECC possesses direct oversight of the curriculum was to include a formal report and review of action items of LSI MICRO. Dr. Khandelwal suggested that the ECC needs to be more proactive in its role in making recommendations to the academic programs in order to demonstrate oversight of the curriculum.

Action Items

1. Utilize templates for annual reports to the ECC to document monitoring activities and ongoing CQI
2. Utilize planned Academic Internal Review reports to identify focus areas, long term programmatic goals and document CQI activities on an ongoing basis
3. Integrate data and outcomes to specifically document comparability of experiences in each program in the annual report
4. Consider documenting CQI "Tracking Progress" section as a regular addition to the APC Monthly Meeting and documentation
5. Develop, implement and document an institutional approach at planned intervals that demonstrates central management of curriculum, specifically documenting program objectives and curriculum effectiveness

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Item 4, Director of Competency Update - Professionalism

Presenter: Dr. Mahan

Discussion

1. Dr. John Mahan presented an overview of the LSI Curriculum with regards to Professionalism and Ethics competencies. The report focused on teaching professionalism and ethics in LSI, assessing these competencies and national trends in these areas.
2. Dr. Mahan noted that the curriculum contains a significant number of learning objectives (LO) related to professionalism but many are not associated with a specific learning experience. Longitudinal Group (Part 1) possesses the most LO's within the curriculum. Longitudinal Practice has no professionalism LO's. There are only 4 ethics LO's with none found in Part 3. Overall, there is inconsistent alignment with professionalism LO's and professionalism assessments.
3. Dr. Mahan reviewed the distribution of the professionalism LO's throughout the different parts of the curriculum. He suggested that LO's need to be carefully reviewed to assure that they are being utilized properly and linked to appropriate educational exercises. Part 1 is currently reviewing the LO's and will include the Directors of Competency in this analysis.
4. The language for the LO's is based on the 2014 version of the LCME standards.
5. Through VITALS, Dr. Mahan found 17.5 hours of required instruction in professionalism in the curriculum with 6 hours of didactics, most in Part 1. He noted that there is an Advanced Competency in Professionalism and Humanism in Part 3. Similarly, there was 13 hours of required instruction in Ethics, 8 in didactics primarily in Part 1. There is an Advanced Competency in Medical Ethics after the Holocaust. He could find no national standards for Ethics and Professionalism. There are new exercises in AMRCC coordinated by Dr. Ashley Fernandez that are likely not included. Ms. Cannon and Dr. Belknap pointed out that the AAMC maintains a database that has some benchmarks from other institutions in the areas of ethics and professionalism.
6. With regards to assessments, professionalism is being holistically assessed in several of the blocks in Part 1. Additionally, there are periodic assessments within the Longitudinal Group experiences. There are multiple assessments of professionalism in Part 2 of the LSI curriculum. These scores ultimately roll up into the MSPE letter. Additionally, there is a minimum of four assessments in Part 3, depending on what electives are taken.

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7. Dr. Mahan reviewed 11 key articles in the literature focusing on teaching and assessing both professionalism and ethics within the medical school curricula (see written report).
8. Ms. Cannon raised concerns regarding the manner in which the current assessments from Part 1 and Part 2 that are being calculated for inclusion in the MSPE. It was suggested that a task force should address the most appropriate way to measure professionalism for each student. Dr. Westman reminded the group that there is a time crunch if we are to incorporate any change within the next MSPE cycle for the coming year.

Action Items

1. Insure that students understand and can apply the three major paradigms in professionalism (virtues, behaviors, professional identity development)
2. Convene a Task Force to:
 - a. explore embedding professionalism and ethics aspects in present case discussions in all Parts of the LSI Curriculum
 - b. strengthen links of all professionalism and ethics LO's to appropriate TLM's
 - c. identify and pilot an additional 2-3 professionalism assessment methods to expand the quality and breadth of professionalism assessment in LSI
3. Identify additional elective opportunities for students to extend their professionalism and ethics knowledge and skills
4. Complete analysis and disseminate predictive value of current professionalism assessments in LSI for future success in Parts 2 and 3