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| Text  Description automatically generated  | **The Ohio State University College of Medicine**  |
| **Executive Curriculum Committee**  |
| Meeting Minutes  |
| Date: 01/22/19  | Location: 150 Meiling  |
|   |
| Presiding Chair: Howard Werman, MD  | Call to order:  | 4:05 pm  |
| Administrative Support: Casey Leitwein  | Adjourned:  | 5:49 pm  |
| Quorum=50% Voting Members  |
| **Member attendance**  |
| **Name**  | **Role**  | **Voting**  | **Present**  |
| Howard Werman  | Chair, Faculty member  | Y  | Y  |
|   | Faculty Council Representative  | Y  | N  |
| Allison Macerollo  | Elected Faculty Member  | Y  | Y  |
| Kim Tartaglia  | LCME Compliance Officer, Academic Program Director, LSI Part Two  | Y  | Y  |
| Douglas Danforth  | Academic Program Director, LSI Part One  | Y  | Y  |
| Judith Westman  | Special Assistant for Curriculum  | Y  | N  |
| Camila Curren  | Elected Faculty Member  | Y  | Y  |
| Cynthia Leung  | Chair, Academic Review Board  | Y  | Y  |
| Sorabh Khandelwal  | Residency Program Director  | Y  | Y  |
| Nicholas Kman  | Academic Program Director, LSI Part Three  | Y  | Y  |
| Nanette Lacuesta  | Assistant Dean, Affiliated program  | Y  | Y  |
| Ron Harter  | Chair, Clinical Science Department  | Y  | Y  |
| Leon McDougle  | Academic Program Director, Associate Dean Diversity  | Y  | Y  |
| Andrej Rotter  | Faculty Member- Faculty Council Rep  | Y  | Y  |
| Binay Eapen  | Assistant Dean, Affiliated program  | Y  | Y  |
| Jonathan Schaffir  | Faculty Member  | Y  | Y  |
| Wendy Frankel  | Chair, Basic Science Department  | Y  | N  |
| Nathaniel Lundy  | Med Student Representative  | Y  | N  |
| Faith Anne Roche  | Med Student Representative  | Y  | N  |
| Margaret Zhang  | Med Student Representative  | Y  | N  |
| Carla Granger  | Administrator, Basic Science Department  | N  | N  |
| Alex Grieco  | Chair, Academic Standing Committee  | N  | Y  |
| Maureen Cavalcanti  | Interim Director, Office of Curriculum & Scholarship  | N  | N  |
| Nicki Verbeck  | Office of Curriculum and Scholarship  | N  | Y  |
| Joann Lynn  | Associate Dean of Student Life  | N  | Y  |
|   |   |   |   |
| **Agenda items**  |
| Item 1, Approval of Minutes  |
| Item 2, Director of Competency Presentation – Interpersonal Communication  |
| Item 3, Director of Competency Presentation – Personal and Professional Development  |
| Item 4, Academic Standing Committee  |
| Item 5, MICRO Report  |

**Item 1, Approval of last meeting’s minutes**

Discussion

**1.** Dr. Werman asked if there were any corrections to the November 27, 2018 meeting minutes. Dr. Danforth commented that there was a significant difference in the pass rates for Step 2 CS that are reflected in the minutes than actually exist. We will ask Dr. Cavalcanti to update the ECC with the up to date statistics at an upcoming meeting.

Action Items

The minutes were approved without corrections but with the caveat that a future report on Step 2 CS is pending.

**Item 2, Directors of Competency Presentation – Interpersonal and Communication Skills**

**Presenters:** Dr. Kavitha Norton

Discussion

1. Dr. Norton presented the Interpersonal and Communication Competency report. She has been the Competency Director for 1.5 years.
2. The competency is defined as the ability to demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Within the domain, there are several competencies. Each of these competencies is further characterized by different levels of mastery with Level 1 being beginning skills and Level 3 being medical school graduation. Level 0 describes basic skills that entering students may not possess. Dr. Norton provided examples of each level of mastery which was based on the work of Benson in *Academic Pediatrics*.
3. Dr. Norton raised questions regarding where each level of mastery should be achieved in the curriculum and how to determine the appropriate methods to assess each student’s level competence. Dr. Norton focused on competency 4.6, ‘demonstrates sensitivity, honesty and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors and other sensitive topics.’ She discussed potential milestones for competence and assessments tools.
4. She noted that this is the framework for the achieving the competency in Interpersonal Communication. The current focus in on developing appropriate curricular learning objectives, developing the appropriate teaching and learning methods and various assessment in order to determine each students level of competence. She reviewed some work that has been done in other medical schools to teach and assess interpersonal communication skills.
5. Finally, Dr. Norton reviewed two pilot programs: the first is her work in developing an M1 advanced selective taken by 48 students during Exploration Week 1 on Interpersonal and Communication Skills. This included work on data gathering and writing an HPI as well as managing one’s emotions in understanding emotional intelligence. She also discussed a pilot program as part of M3 UPSMN Ground School in breaking bad news which included a didactic portion on Empathy and Managing Emotions. Both pilots were well received by students and felt to be valuable.
6. There was a discussion regarding how to embed this information throughout the curriculum and how to retain these competencies. Dr. Kman noted that there is a TBL focusing on delivering bad news to patients which is reinforced during a standardized patient. There was also some discussion regarding whether students should be delivering bad news to patients or whether this is a resident-level skill. This led to a discussion on appropriate milestones.

Action Items

No action items for this report as this information is part of the ongoing development of CLO’s, TLM’s and assessments within the curriculum as we transition to PCRS.

**Item 3, Director of Competency Presentation – Personal and Professional Development**

**Presenter:** Dr. Sheryl Pfeil

1. Dr. Pfeil presented the Director of Competency Report for Personal and Professional Development (PPD) which is PCRS Competency Domain 8: “Demonstrate the qualities required to sustain lifelong professional and personal growth.” There are eight competencies within the PPD Domain.
2. Dr. Pfeil described four levels of competency: Level 1 is entry level, Level 2 is progression toward competence, Level 3 is competence for graduation from undergraduate medical education and Level 4 is aspirational. Currently, each Director of Competency is defining the Curricular Learning Objectives and assessments of competency focusing on Level 3. There particular need in the area of assessments.
3. Dr. Pfeil reviewed some proposed developmental CLO’s and assessments for each of the 8 competencies within the domain of Personal and Professional Development. Examples of potential assessments included task completion, clinical performance assessments and 360 evaluations. Dr. Pfeil showed some of the assessments used in Domain 8 by various institutions over a three- year period based on the AAMS Curriculum Inventory. These include standardized examinations, self-assessments, peer evaluations and other assessment methods. A second slide depicted the changes in assessments used for Domain 8 over time.
4. Dr. Pfeil stated that she is currently working on the specific milestones under each competency and developing appropriate assessments. Dr. Leung asked about how these 4 level milestones relate to the entrustable performance skills and GME milestones. She also raised questions about whether our current CPAs are granular enough to assess Personal and Professional Development. Dr. Pfeil responded that this is the challenge in assessing this domain.
5. Dr. Grieco further discussed the challenges of the assessments in this domain and mentioned the career exploration weeks as part of PPD. Dr. Lacuesta also mentioned the role of portfolio coaches in PPD assessment and Dr. Tartaglia brought up items such as burn-out surveys in assisting students in developing coping strategies.

Action Items:

No action items for this report as this information is part of the ongoing development of CLO’s, TLM’s and assessments within the curriculum as we transition to PCRS.

**Item 4, Academic Standing Committee Presenter:** Alex Grieco

1. Dr. Grieco delivered the annual Academic Standing Committee report and acknowledged the contribution of others on the ECC who are active members of this committee.
2. Dr. Grieco reviewed the roster which included the leaders of all of our oversight committees. He thanked Julie Brim, Dr. Westman and Beth Sabatino for their contributions.
3. Dr. Grieco noted that the ASC is a quality review committee that oversees the activity of the student review process. He briefly reviewed the student review process. He noted that the COM student review must be consistent with the rules of the University and Title IX processes.
4. The action plan for the past year was reviewed and included faculty development for members of the student review committees, incorporation of ‘best practices’ in student review and implementation of a unified Level 1 Student Review Committee. He noted that our process differs from other institutions in many ways but he believes that our process is both fair and equitable.
5. Dr. Grieco reminded the ECC that the guiding principles for the ASC involves the eight domains of the PCRS. He reviewed the activities of several important committees including the Academic and Behavioral Review Committee (Level 2) and USMLE Committee (Level 2). He discussed the curricular change in eliminating the Board Preparation block and the new emphasis on passing the NBME Practice Examination and taking USMLE Step 1 as pre-entry into Part 2 of the curriculum. Dr. Grieco also noted that there has been more reliance on VITALS in tracking student progress and for reports made to the ACS.
6. Dr. Grieco noted that meetings are divided between selective Committee Reports and a student-centered presentation. He reviewed the overall topics covered during the calendar year 2018 ACS meetings.
7. Dr. Grieco reviewed some of the academic trends in the past year. He acknowledged the work of the Academic Advancement (‘lights’) Committee chaired by Dr. Westman.
8. Dr. Grieco also reviewed the activities of the Unified Student Review Committee. He showed year-to-year comparisons in referrals based on the medical knowledge failures for Part 1 of the curriculum. He reviewed data based on individual rings as well as ring order for Part 2 in which patient care deficiencies were most prevalent and compared them to the prior year. Finally, he noted that last year was notable for only two student Part 3 referrals.
9. The ABRC activity was reviewed. There were 25 referrals with the following outcomes: 11 restarts of LSI recommended, 10 recommendations for continuation in the curriculum with or without an LOA and four recommendations for dismissal. This data was compared to the previous year in which there were 7 recommendations for dismissal.
10. He reviewed the activity of the USMLE Committee and the Honors and Professionalism Committee and their referral. There was a total of 13 referrals to USMLE and no Level 2 HPC referral. Dr. Grieco noted that ASC does not receive data on Level 1 referrals to HPC.
11. Finally, he reviewed the activities of the Academic Review Board from June through August 2017. Two petitions for re-instatement were denied. Four referrals for dismissal were considered: two were upheld and forwarded to the Vice Dean of Education whereas two were referred back to ABRC. The two students referred to the Vice Dean for Education were dismissed from the College. From September to December, an additional 3 students were reviewed. Two withdrew prior to the meeting and one student was referred back to ABRC. One petition for reinstatement was upheld.
12. Dr. Grieco reviewed a proposed action plan along with specific tactics for each listed item. There were initially three items proposed. Dr. Kman, Dr. Danforth and Dr. McDougle pointed out that our student review process remains fairly complicated and may not be well- understood by students. An example was the separation of professionalism as a separate committee under HPC. Dr. Khandelwal challenged whether the ECC has the appropriate membership to dissect the information presented by the ASC.

Action Items: The following Action Plan was reviewed and approved by the ECC for the coming academic year

1. Obtain VITALS access for all faculty serving in a student review capacity and perform a needs assessment
2. Refine the ‘charting outcomes’ of the student review process
3. Optimization of the Unified Student Review Committee
4. Determine ‘best practices’ in student review and consider whether this process could be simplified.

**Item 5, MICRO Report Presenter:** Nick Kman

1. Dr. Werman deferred the report to the next meeting due to the length of the current meeting. Dr. Kman reminded the ECC members to review the slides in the Box.

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| **Executive Curriculum Committee**  |
| Meeting Minutes  |
| Date: 01/22/19  | Location: 150 Meiling  |
|   |
| Presiding Chair: Howard Werman, MD  | Call to order:  | 4:05 pm  |
| Administrative Support: Casey Leitwein  | Adjourned:  | 5:49 pm  |
| Quorum=50% Voting Members  |
| **Member attendance**  |
| **Name**  | **Role**  | **Voting**  | **Present**  |
| Howard Werman  | Chair, Faculty member  | Y  | Y  |
| Open  | Faculty Council Representative  | Y  | N  |
| Allison Macerollo  | Elected Faculty Member  | Y  | Y  |
| Kim Tartaglia  | LCME Compliance Officer, Academic Program Director, LSI Part Two  | Y  | Y  |
| Douglas Danforth  | Academic Program Director, LSI Part One  | Y  | Y  |
| Judith Westman  | Special Assistant for Curriculum  | Y  | Y  |
| Camila Curren  | Elected Faculty Member  | Y  | Y  |
| Cynthia Leung  | Chair, Academic Review Board  | Y  | Y  |
| Sorabh Khandelwal  | Residency Program Director  | Y  | Y  |
| Nicholas Kman  | Academic Program Director, LSI Part Three  | Y  | Y  |
| Nanette Lacuesta  | Assistant Dean, Affiliated program  | Y  | Y  |
| Ron Harter  | Chair, Clinical Science Department  | Y  | N  |
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| Binay Eapen  | Assistant Dean, Affiliated program  | Y  | N  |
| Jonathan Schaffir  | Faculty Member  | Y  | N  |
| Wendy Frankel  | Chair, Basic Science Department  | Y  | Y  |
| Nathaniel Lundy  | Med Student Representative  | Y  | N  |
| Faith Anne Roche  | Med Student Representative  | Y  | N  |
| Margaret Zhang  | Med Student Representative  | Y  | N  |
| Alex Grieco  | Chair, Academic Standing Committee  | N  | N  |
| Maureen Cavalcanti  | Director, Office of Curriculum & Scholarship  | N  | N  |
| Nicki Verbeck  | Office of Curriculum and Scholarship  | N  | N  |
| Joanne Lynn  | Associate Dean of Student Life  | N  | N  |
| Jack Kopechek  | Director of Competency- PBLI  | N  | Y  |
| Kristin Rundell  | Longitudinal Practice Program Director  | N  | Y  |
|   |
| **Agenda items**  |
| Item 1, Approval of Minutes  |
| Item 2, Director of Competency Presentation – Practice Based Learning and Improvement  |
| Item 3, Primary Care Tract Annual Report  |
| Item 4, Part 2 Internal Response and Annual Report  |
| Item 5, MICRO Report  |

**Item 1, Approval of last meeting’s minutes**

Discussion

**1.** Dr. Werman asked if there were any corrections to the January 22, 2019 meeting minutes. No corrections suggested

Action Items

The minutes were approved.

**Item 2, Directors of Competency Presentation – Practice-Based Learning and Improvement**

**Presenters:** Dr. Jack Kopechek

Discussion

1. Dr. Kopechek presented the Practice-Based Learning and Improvement (PBLI) Competency report. He shared information about the Curricular Learning Outcomes (CLOs) and various assessments and teaching and learning methods (TLMs).
2. The competency is defined as demonstrating the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning. He summarized the competency as ongoing personal practice improvement which is based on self-assessment, goal-setting, and use of reliable resources on an ongoing basis.
3. Dr. Kopechek reviewed the process of Curricular Learning Outcomes development under PCRS framework and discussed the four levels of competency: novice, advanced beginner, competent and aspirational. The advanced beginner and competent levels were chosen for mid- curricular and graduation milestones. These were approved by LSI MICRO on February 11, 2019. The CLO’s are provided in the Box.
4. Dr. Kopechek provided some examples of the CLO’s, their milestones and assessments.
5. Dr. Kopechek performed a national review for PBLI and found that there were no national norms and that the most common assessments included participation, examinations, self-assessments and reflective writing. In discussing PBLI assessment, the best method was felt to be faculty assessment and that TLMs should involve active learning.
6. They are trying to develop a Longitudinal Practice (LP) learning self- assessment exercise to introduce the concepts of PBLI. Additionally, using clinical practice assessments (CPAs) that incorporate specific CLO’s will be utilized. Finally, the Part 1 portfolio assessment is an active assessment under PBLI.

1. Dr. Kopechek discussed future goals. These were approved as action items for the coming year. He noted that CLO’s 3.8 and 3.104 have been the greatest challenge to assess.
2. Dr. Danforth asked about grading for the LP self-directed learning pilot project. Dr. Rundell noted that this was a voluntary project and therefore was not graded. Dr. Westman also noted that this project fulfills an LCME standard which requires independent learning and goal-setting by students.
3. There was a discussion regarding the role of the ECC in approving CLOs for the curriculum. There was a motion to delegate the responsibility for approving CLO’s developed by the programs and various Competency Directors to MICRO.

Action Items

1. Develop more CPA’s that incorporate CLO’s 3.1, 3.2, 3.3 and 3.5 in all Parts of the curriculum
2. Expand the LP learning self-assessment to all Part 1 students
3. Develop and implement a Part 3 individual learning plan pilot project using a process improvement tool
4. Develop a Part 1 case which incorporates LEARN methodology
5. Develop a Part 3 learning interactive module based on population inequity data
6. Increase the number of assessment tools for PBLI

There was also an approved motion to delegate approval of CLO’s to MICRO.

**Item 3, Primary Care Track Update**

**Presenter:** Drs. Allison Macerollo and Kristen Rundell

1. Drs. Rundell and Macerollo provided the ECC with an update on the progress of the Primary Care Track (PCT).
2. Dr. Macerollo started by reviewing the calendar for Primary Care Track students. She noted that students in the PCT will complete the same curricular objectives and graduate with the same credits as traditional track students. The primary course difference is in electives and advanced competencies in Part 3. She highlighted the Ambulatory Care Experience (ACE) embedded within the curriculum for PCT students. She noted that there are differences in Exploration Week for PCT students. Host-Defense and Health Systems Science (previously HSIQ) are taken during the first summer, similar to MSTP students. Both students in the first PCT passed USMLE Step 1 and have entered Part 2. She discussed the order in which they will enter the three rings of Part 2. There has been a slight modification to UPWP to accommodate PCT students. There is additional time at the end of Part 3 for remediation or elective time. It was noted that these students may miss Part 2 orientation upon entry into this part of the curriculum.
3. Dr. Rundell reviewed some of the program highlights including the special transition into medical school. There will be continuity between the preceptors and patient panels from medical school for PCT students through residency. The students are also participating in team-based learning exercises (TBLs) with MSTP students during the first summer. It was also noted that one half tuition is paid for students in the PCT. Finally, there is frequent debriefing with the students to get feedback on the program and check in on their well- being. There was some discussion regarding what occurs to the tuition deferment when students decide to leave the program.
4. Dr. Rundell reviewed the admissions process. Currently, students must declare for the PCT at the time of application. Students have a second day added to the standard admission process which includes a separate application and interview on day 2 with Drs. Rundell and Macerollo. All students in the PCT must meet the standards of the regular admission process. They will be admitting 4 students this year, up from 2 in the previous years. Most students admitted have either an advanced degree or prior work experience. Dr. Kman noted that only 1/3 of applicants are Ohio residents; however, Dr. Macerollo noted that most have some Ohio connection.
5. Dr. Rundell noted that the current class will be completing Part 2 and taking Step 2 by December 2019 and will graduate in May 2020. It was noted that their Step 1 scores were consistent with other FM applicants.
6. Dr. Macerollo discussed some lessons learned. The ‘Jump Start’ has been shortened from 3 weeks to 2. More interview dates have been added for program applicants. The LG requirement will be completed during their first summer in the Host Defense block. Finally, tutoring has been very helpful to students, in particular for Step I preparation. Dr. Macerollo did express concern over the revised calendar which may shorten study prep for Step 1 for PCT students. Steps are being taken to mitigate the change.
7. Dr. Westman expressed concern about assessment of the students’ well-being. Frequent check-ins occur from program leadership and their coaches. Dr. Rundell also highlighted other measures that have been implemented to address this concern.
8. Dr. Macerollo reviewed the program’s SWOT analysis (see slides). There are opportunities to expand the program within Family Medicine to other local institutions or to other primary care specialties. She highlighted that the program is essentially a six-year medical school and residency program.
9. Dr. Khandelwal discussed studying the transition from UME and GME in terms of milestones and portfolios within this program.

Action Items:

No action items for this report as this information is part of the ongoing development of the Primary Care Track.

**Item 4, Part 2 Annual Review Report and Response to Internal Review Presenter:** Dr. Kim Tartaglia

1. Dr. Tartaglia delivered the annual update for Part 2 of the curriculum, including the response to the Part 2 Internal Review. She provided an overview of the curriculum. Dr. Tartaglia also reviewed the action items from the previous two years. The prior years’ action items included a review and revision of the primary learning objectives for each ring, increase student support for students at risk and focus on improving the learning environment for UPRSN.
2. Dr. Tartaglia reviewed the student feedback for individual the individual rings – ratings for overall quality and clinical experience remain high. Procedural workshops for UPRSN and UPSMN remain highly regarded. Direct observation scores for UPRSN remain lower than expected – Dr. Tartaglia noted that additional measures to address this have been implemented. Ground school evaluations have been generally improving. The impact of a shortened calendar may effect ground school length in the future. Finally, Tuesday didactics have transitioned from lectures to small group learning with faculty; ratings have improved.
3. Dr. Tartaglia noted that there were no duty hour or supervision issues reported by students in Part 2. A small number of students responded ‘no’ to questions about students and/or others being treated with respect. Three significant issues were raised: one sexually offensive remark and two ‘sarcastic remarks.’ The drop-down reports in VITALs were demonstrated.
4. Dr. Tartaglia also reviewed the end of Part 2 surveys – these results demonstrated high value in Part 2 learning. The only area for improvement is in teaching the cost of care but this material is covered in Part 3. Time in patient care and didactics were felt to be appropriate by most students; time for study rated lower for most specialties except Psych and Neuro. The results from the end of Part 3 survey demonstrate that Part 2 prepares students well for Part 3 and both Step 2 exams.
5. Dr. Tartaglia reviewed the student outcomes. The most common ‘competency not met’ is in the area of Patient Care. Thirty-one students have one ‘competency not met’ and 9 students have two or more. The grade breakdown for each ring was also presented. Finally, NBME shelf exam scores and other assessments were presented by subject and by individual ring.
6. Dr. Tartaglia reviewed the progress on last year’s Action Plan. While the core educational objectives (CEOs) were reviewed, these have now been converted to CLO’s under the PCRS system and, along with assessments and TLMs, will be presented to MICRO in March. Students with marginal passing scores in any ring were offered the assistance of an expert educator. Better documentation will allow closer tracking. There remain areas for improvement in UPRSN in the areas of direct observation and time with attending. The program has expanded opportunities for residents and fellows to participate in direct observation. Finally, changes have been made in the weighting of assessments used to determine final grades within the rings, especially between medical knowledge assessments and CPAs, to improve consistency and transparency.
7. Dr. Tartaglia reviewed the Part 2 response to the Internal Review chaired by Dr. Cohen. Many of the issues had already been identified by the Part 2 leadership at the time of the review with plans in place to address concerns.
8. Dr. Tartaglia reviewed the program’s response in the following areas:
9. communication refresh – this included both grading transparency and methods of communication; needed is more faculty development in the area of assessment
10. administration and delegation – this included clearly defined roles for expert educators as well as more administrative support and the threat of a talent drain which is a problem across LSI; solutions include a scheduling solution for expert educators within VITALS, shared administrative support from other programs along with dashboards created by OCS
11. professionalism review task force – concerns over teaching of professionalism has been discussed with the incoming Director of Competency in Professionalism; still needed are appropriate resources and remediation options for struggling students
12. curricular integration – moving to revise CLOs and their associated assessments and TLMs for Part 2
13. learning environment – identified the need to provide greater privacy in raising concerns; led to a revision of VITALS to allow better reporting of mistreatment of concerns including a process map for responding to such concerns
14. Dr. Kman raised the concern that staff support is stretched within the curriculum. He noted that Laura Volk, for example, is helping in the administration of Part 2, while serving as the primary coordinator of Part 3 and interim coordinator for AMRCC. Dr. McDougle asked about the root causes of coordinator turnover. This led to a greater discussion regarding the nature of this concern including pay, interpersonal issues and high stress in these positions. Ultimately, it was decided to request that Carla Granger to discuss current salary levels within the University and turnover trends within medical education staff among other topics. Dr. Curren suggested that better staff onboarding and training in dealing with medical students is needed for staff retention. Dr. Werman and Dr. Westman will request an update from Carla Granger on these issues.

Action Items: The Action Plan and Internal Review response was reviewed and approved by the ECC for the coming academic year

1. Improving grading transparency for all portions of Part 2 and increase by 20% (> 4.00) the year-end survey question “Clerkship grading criteria was clearly communicated”
2. Improve faculty feedback to the Part 2 curriculum
3. Systemic deployment and access to Part 2 expert educators
4. Continue to focus on improving student evaluation of UPRSN in the areas of direct observation and time with faculty

A motion was raised and approved to ask for a formal presentation by Carla Granger on the level of staff support, staff pay and turnover within the College of Medicine, especially as it relates to other professional schools.

**Item 5, MICRO Report**

**Presenter:** Dr. Westman

1. Dr. Westman presented a 3-month review of MICRO. MICRO met in December and approved a survey to be distributed by the Humanism in Medicine group. Part 3 presented their process for revision of CLOs under PCRS. The Personal and Professional Development Competency Director, Dr. Pfeil, presented her model of a 4-level developmental progression which is being utilized by all of the competencies. Level 3 will be required for graduation.
2. The committee met in January and approved consistent appeal language between Part 2 and Part 3 of the curriculum. Dr. Danforth noted that Part 1 has a different appeals process. A list of ‘hot topics’ was approved to be tagged within VITALS to allow searching of TLMs. CLOs for PBLI were approved as were the CLOs for AMHBC and AMRCC and some of the patient-centered care CLOs were approved.
3. Finally, in February the PBLI components of patient-centered care CLOs were approved. Dr. Danforth presented the process for developing CLOs in Part 1 using the USMLE Content Outline. Comments were due by February 28. Finally, there was a presentation of a proposed curriculum for Professionalism/Personal and Professional Development by two students involved in a medical education elective.

**Action Items:** none for this report

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| **Executive Curriculum Committee**  |
| Meeting Minutes  |
| Date: 03/26/19  | Location: 150 Meiling  |
|   |
| Presiding Chair: Howard Werman, MD  | Call to order:  | 4:05 pm  |
| Administrative Support: Casey Leitwein  | Adjourned:  | 5:49 pm  |
| Quorum=50% Voting Members  |
| **Member attendance**  |
| **Name**  | **Role**  | **Voting**  | **Present**  |
| Howard Werman  | Chair, Faculty member  | Y  | Y  |
| Holly Cronau  | Faculty Council Representative  | Y  | N  |
| Allison Macerollo  | Elected Faculty Member  | Y  | Y  |
| Kim Tartaglia  | LCME Compliance Officer, Academic Program Director, LSI Part Two  | Y  | N  |
| Douglas Danforth  | Academic Program Director, LSI Part One  | Y  | Y  |
| Judith Westman  | Special Assistant for Curriculum  | Y  | Y  |
| Camila Curren  | Elected Faculty Member  | Y  | Y  |
| Cynthia Leung  | Chair, Academic Review Board  | Y  | N  |
| Sorabh Khandelwal  | Residency Program Director  | Y  | N  |
| Nicholas Kman  | Academic Program Director, LSI Part Three  | Y  | N  |
| Nanette Lacuesta  | Assistant Dean, Affiliated program  | Y  | Y  |
| Ron Harter  | Chair, Clinical Science Department  | Y  | N  |
| Leon McDougle  | Academic Program Director, Associate Dean Diversity  | Y  | Y  |
| Andrej Rotter  | Faculty Member- Faculty Council Rep  | Y  | N  |
| Binay Eapen  | Assistant Dean, Affiliated program  | Y  | Y  |
| Jonathan Schaffir  | Faculty Member  | Y  | Y  |
| Wendy Frankel  | Chair, Basic Science Department  | Y  | Y  |
| Bryce Ringwald  | Med Student Representative  | Y  | Y  |
| Alex Grieco  | Chair, Academic Standing Committee  | N  | N  |
| Maureen Cavalcanti  | Interim Director, Office of Curriculum & Scholarship  | N  | Y  |
| Nicki Verbeck  | Office of Curriculum and Scholarship  | N  | N  |
| Joanne Lynn  | Associate Dean of Student Life  | N  | Y  |
| Mike Horgan  | Evaluation & Assessment Program Manager  | N  | Y  |
|   |   |   |   |
| **Agenda items**  |
| Item 1, Approval of Minutes  |
| Item 2, Discussion of Step 1 Results  |
| Item 3, Match Results  |
| Item 4, Step 2 CS Update  |
| Item 5, MICRO Report  |

**Item 1, Approval of last meeting’s minutes**

Discussion

**1.** Dr. Werman asked if there were any corrections to the February 26, 2019 meeting minutes. One correction offered by Dr. Clinchot was added to the minutes.

Action Items

The minutes were approved with the single change suggested.

**Item 2, Discussion of Step 1 Results Presenters:** Michael Horgan

Discussion

1. Mr. Horgan presented the results of the most recent report received for USMLE Step 1 for calendar year 2018. He also compared the reported results to previous years.
2. Comparison with 2017 yielded the following results: there were two less exam takers, the mean score improved by 1 point and there was a decrease in failures from 8 to 5. The percentage passing improved from 96 to 97%.
3. Mr. Horgan reviewed the histogram which revealed larger numbers of OSU COM students in the higher score ranges compared to national percentages.
4. The score plots were reviewed for subjects within Step 1 and these were compared to the national mean. Nutrition appeared to be the lowest performing category for the OSU COM students. High performing areas were gross anatomy, blood and lymphoreticular system and reproductive system. However, Dr. Westman noted that there are broad standard deviations and that all OSU COM averages are above the national mean.
5. The longitudinal reports demonstrate that the OSU COM mean scores have been trending upward and have remained above the national mean; additionally, they have been well above the examination passing score.
6. Mr. Horgan reviewed the COM passing percentages and noted that OSU has consistently been above the national average. Last year, our passing percentage was at the national average but this year we are 1% above that average.
7. Dr. Werman asked about which Med 2 students were included in the report based on year of entry into the curriculum. Four students from the previous Med 2 students were included in this report but 11 current Med 2 students who have delayed their exam are not included. When comparing to 2017, these numbers are similar. This year’s results also included two primary care track students who passed the exam.

1. There was a brief discussion regarding the trends over time in the subjects that are traditionally near the national mean and those that are way above the mean. Dr. Danforth stated that these are reviewed annually by the Part 1 leadership.

Action Items

There was no action item based on this report as this information is typically reviewed in the LSI Part 1 Annual Report.

**Item 3, Match Results Presenter:** Dr. Joanne Lynn

1. Dr. Lynn reviewed the results of the 2019 OSU COM Match.
2. Dr. Lynn reviewed all of the student individual specialty matches along with the current SOAP schedule. She noted that there was a glitch with the ERAS computer during this year’s SOAP process. Only two rounds of SOAP were conducted.
3. Dr. Lynn pointed out that there were 38K applicants for 35K PGY-1 positions available in the Match. For allopathic graduates, the match rate was 94%. This has been stable for approximately 4 years. Approximately 500-600 senior allopathic graduates do not find a PGY-1 position after SOAP.
4. Overall, 77% get one of their top 3 choices and 50% get their top choice. Individual school results are not available although there are efforts to develop a national database to produce this type of information to develop applicant profiles for specific residency programs.
5. The following specialties filled all positions: IR; ENT; PMR; General, Thoracic and Plastic Surgery. FM, IM, Surgery- Prelim, Pediatrics- Primary Care and Pathology filled with < 45% US allopathic seniors.
6. Dr. Lynn reviewed the OSU COM results. For the military match, three students matched – two in their desired specialty and a third in a preliminary year to ultimately pursue Neurosurgery.
7. With regards to specific specialties, 2 of 3 matched in ophthalmology, 2/5 in otolaryngology, 3/3 in urology, 4 students in dermatology and 3 of 4 in Neurosurgery. Thirteen of 16 matched in general surgery with 2 taking preliminary years. It was noted that last year 12/12 matched in otolaryngology.
8. Dr. Lynn reviewed OSU COM’s performance in ophthalmology where we have been fairly successful over the years. She noted that ophthalmology has an overall match rate of 85% for applying students. Step 1 scores for accepted students average 244 (compared to 231 for unmatched) and the average applicant submits 75 applications. We have also been competitive in our urology applicants.

1. Dr. Lynn noted that a total of 8 (4.7%) students out of 165 participating in the Match did not have a spot prior to SOAP. She reviewed our historical performance in this area. She also reviewed some of the general trends in this year’s unmatched students. Her analysis of reasons for failure to match include weak performers in competitive specialties, low Step 1 scores and personality concerns. She also reviewed five unmatched students from last year’s Match of which three found positions in their desired specialty.
2. The most popular specialties among OSU COM graduates were IM (33), EM (16) and pediatrics (14). Thirty-nine percent went into primary care specialties (44% if OB/GYN included) and 65 students (39%) will be staying in Ohio.
3. Dr. Lynn reviewed the average applications per student which continues to climb.
4. She thanked the career advising counselors who were listed on a separate slide. Overall, she noted that the College was happy with this year’s Match results, save the higher number of unmatched students.
5. Dr. Westman and Dr. McDougle noted that there remain challenges in some students’ selection of specialty choices based on their academic performance. There was a discussion about challenges in providing career advice prior to the Match.
6. Dr. Danforth asked about students who initially failed Part 1. Dr. Lynn noted that all matched this year. There was a general discussion about the impact of Step 2 CK failures in the Match.
7. Dr. Werman asked about the possibility of developing a dashboard to determine the quality of the Match results by comparing year to year.

Action Items:

No action items for this report as this information is part of the ongoing report for Part 3.

**Item 4, Part 2 CS Update**

**Presenter:** Drs. Judith Westman and Maureen Cavalcanti

1. At the request of ECC, Drs. Westman and Cavalcanti reviewed the results of all students taking Part 2 CS in the last academic year. Dr. Werman noted that the report from the USMLE presented to the ECC did not include some late examination takers and presented an optimistic picture of this past year’s performance. Dr. Westman reviewed that the Step 2 CS report covers the period from July 1 through June 30. As such, each report represents 2/3 of Med 4 students who take Step 2 before July 1 and 1/3 of the past Med 4 students who take the exam after July 1.

1. Dr. Westman reviewed the three components of Step 2 CS including the integrated clinical encounter (ICE) which is the most challenging part of the examination. She noted that NBME provides a list of common signs and symptoms and that they have increased the stringency of grading. Training videos have also been provided by the NBME to prepare for the examination.
2. Dr. Westman noted that since the inception of LSI, a total of 15 failures of Step 2 CS have occurred in LSI students. Nine of these were in the 2015 entering class. One additional student was from the 2014 class. All failures occurred in ICE with one student also failing interpersonal skills and communication. She also provided the Match results for these students; two of the 10 who failed this year’s exam did not match. This included students applying for a variety of specialties. All students have passed their re-take of the exam (one is pending).
3. Dr. Westman noted that some of the failures may have been attributed to the more stringent grading of the ICE section. She asked Dr. Cavalcanti to drill-down on additional associations between Step 2 CS failure. Dr. Cavalcanti was able to relate failure with performance on OSCE’s in Part 2 to identify students at risk for failure. Students who failed CS had, on average, lower overall OSCE scores and lower grades in clinical reasoning and patient care scores than those who passed CS. This same association was noted with NBME shelf examination scores and CPA scores in the area of patient care and interpersonal communications.
4. Dr. Westman concluded that marginal performances on OSCE’s, NBME shelf exams or CPA’s may identify students at risk. She noted, however, that 8 of 10 students who failed admitted that they did not prepare adequately for the exam based on historical information they received about the difficulty in the exam. This was reinforced by the student representative to the ECC. One addition note by Dr. Westman was that 4 of 10 students who requested an extension in the deadline for taking Step 2 CS failed the exam. The USMLE committee is now asking for a preparation plan among students delaying their requirement for Step 2 CS.
5. There is now a greater emphasis on preparation for Step 2 CS by Part 2 educators and COM educational leadership.

Action Items: There is no action plan for this item but the ECC will continue to track Step 2 CS scores along with an analysis of student preparation for the examination.

**Item 5, MICRO Report**

**Presenter:** Dr. Westman

1. Dr. Westman presented the most recent MICRO report from their March 8 meeting. The Committee continues to review proposed CLO’s under the PCRS system. Most recently, they reviewed CLO’s for System-Based Practice. They also reviewed CLO’s for normal processes taught in Part 1 and suggested that more action verbs be added to the stems for several outcomes.
2. Dr. Westman noted that Cynthia Leung has been named the faculty director for Evaluation and Assessment beginning on July 2019. She also reported that Cami Curren has been named as co-director for LSI Part 1.
3. Dr. Westman proposed changes to the working bylaws of MICRO. She proposed a change to the voting membership of MICRO, adding the two new positions as voting members. She also proposed a quorum of 6 members. There was a discussion about the meeting quorum. Dr. Westman reviewed the current membership of MICRO.

**Action Items:** The ECC approved the increased membership on MICRO to include the co-director of LSI Part 1 and the faculty director of Evaluation and Assessment. The Committee also approved a motion that a quorum for the meeting be defined as at least 6 members present.

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| --- | --- |
| Text  Description automatically generated  | **The Ohio State University College of Medicine**  |
| **Executive Curriculum Committee**  |
| Meeting Minutes  |
| Date: 04/23/19  | Location: 150 Meiling  |
|   |
| Presiding Chair: Howard Werman, MD  | Call to order:  | 4:05 pm  |
| Administrative Support: Casey Leitwein  | Adjourned:  | 5:49 pm  |
| Quorum=50% Voting Members  |
| **Member attendance**  |
| **Name**  | **Role**  | **Voting**  | **Present**  |
| Howard Werman  | Chair, Faculty member  | Y  | Y  |
| Holly Cronau  | Faculty Council Representative  | Y  | N  |
| Allison Macerollo  | Elected Faculty Member  | Y  | Y  |
| Kim Tartaglia  | LCME Compliance Officer, Academic Program Director, LSI Part Two  | Y  | Y  |
| Douglas Danforth  | Academic Program Director, LSI Part One  | Y  | Y  |
| Judith Westman  | Special Assistant for Curriculum  | Y  | Y  |
| Camila Curren  | Elected Faculty Member  | Y  | Y  |
| Cynthia Leung  | Chair, Academic Review Board  | Y  | Y  |
| Sorabh Khandelwal  | Residency Program Director  | Y  | Y  |
| Nicholas Kman  | Academic Program Director, LSI Part Three  | Y  | Y  |
| Nanette Lacuesta  | Assistant Dean, Affiliated program  | Y  | Y  |
| Ron Harter  | Chair, Clinical Science Department  | Y  | Y  |
| Leon McDougle  | Academic Program Director, Associate Dean Diversity  | Y  | Y  |
| Andrej Rotter  | Faculty Member- Faculty Council Rep  | Y  | N  |
| Binay Eapen  | Assistant Dean, Affiliated program  | Y  | N  |
| Jonathan Schaffir  | Faculty Member  | Y  | Y  |
| Wendy Frankel  | Chair, Basic Science Department  | Y  | N  |
| Bryce Ringwald  | Med Student Representative  | Y  | N  |
| Kristina Witcher  | Med Student Representative  | Y  | Y  |
| Alex Grieco  | Chair, Academic Standing Committee  | N  | Y  |
| Maureen Cavalcanti  | Interim Director, Office of Curriculum & Scholarship  | N  | Y  |
| Nicki Verbeck  | Office of Curriculum and Scholarship  | N  | N  |
| Joanne Lynn  | Associate Dean of Student Life  | N  | Y  |
| John Mahan  | Director of Competency, Professionalism  | N  | Y  |
| Carla Granger  | Director, Education Administration  | N  | Y  |
| Dan Clinchot  | Vice Dean for Education  | N  | Y  |
| Beth Sabatino  | IT Project Manager  | N  | Y  |
| Megan Hale  | IT Training & Optimization Analyst  | N  | Y  |
| Uday Nori  | Part Three Internal Review Chair  | N  | Y  |
|   |   |   |   |
| **Agenda items**  |
| Item 1, Approval of Minutes  |
| Item 2, VITALS Presentation  |
| Item 3, Learning Environment/Mistreatment Report  |
| Item 4, Director of Competency - Professionalism Presentation  |
| Item 5, Part 3, Internal Review Update  |

 

**Item 1, Approval of last meeting’s minutes**

Discussion

**1.** Dr. Werman asked if there were any corrections to the March 26, 2019 meeting minutes.

Action Items

The minutes were approved without change.

**Item 2, VITALS Presentation**

**Presenters:** Beth Sabatino and Megan Hale

Discussion

1. Beth Sabatino and Megan Hale provided a demonstration of new functionality of VITALS. It was recommended that Google Chrome be used as the web browser of choice.
2. Various new features were reviewed by Ms. Sabatino and Hale. There was a demonstration of both the faculty and administrator portals. Screen shots were included with this report.

Action Items

There was no action item based on this report it was informational only.

**Item 3, Learning Environment/Mistreatment Report Presenter:** Dr. Joanne Lynn and Dr. Leon McDougle

1. Dr. Lynn reviewed the results of the 2018 Graduate Questionnaire and 2018 Year 2 Questionnaire as they relate to the learning environment and student mistreatment reports. She also reviewed previous actions based on last year’s report, including changes in VITALS, and future action plans. She was most disappointed in the results of the Y2Q Survey.
2. Dr. Lynn reported the results of the GQ Survey which demonstrated that 37% of students reports some form of public embarrassment and 37% reported other forms of mistreatment. These are lower than the national averages. There were 1.2% of students reported threats of physical harm and 1.9% reported actual harm. Specific details are lacking in this report. We were also in the 75th percentile for requests of personal services by students. Dr. Danforth clarified that this could also include student-on-student violence in addition to faculty, residents and others in the learning environment.
3. Dr. Lynn reviewed the gender-based questions. In general, we fall below the 50th percentile in these responses although the absolute numbers in negative responses are low. With regards to racial/ethnicity related responses we are generally in the 50th percentile among medical schools whereas we are in the lower quartile based on questions regarding sexual orientation. Similarly, being subject to negative or offensive comments based on personal beliefs or characteristics fell in the 25th percentile.
4. The GQ Survey reveals that the majority of negative responses result from interactions with Clinical Faculty and Residents. Only a small portion appear to be student-on-student concerns.
5. Dr. Lynn noted that our percentage of students who reported these concerns was lower than the national average but were generally satisfied with the response to concerns expressed. These concerns were directed to the Dean staff, other administrators or faculty members in most cases. For those students who didn’t file a report, 1/3 felt that nothing would be done which is lower than the national averages.
6. Dr. Lynn was more concerned about the Y2Q results. Most concerning was the fact that OSU COM was in the lowest 10th percentile in response to students threatened with harm and students who have actually reported harm. In gender, ethnic/racial and sexual orientation, our responses on the Y2Q fell in the 25th percentile. However, when students were asked if they actually experienced any of the listed behaviors, only 24.8% responded affirmatively. This is lower than prior years and below the national average.
7. Dr. Lynn reported that she was surprised by the Y2Q responses. She noted that they do not report the source of negative behaviors. Written comments will be released in July which may shed some light on the origins of these responses. Dr. Westman did point out that 2.1% of the class is three students which are relatively low numbers.
8. The ECC had a discussion regarding possible reasons for these results. Dr. Leung asked whether these findings correlate to actual reports received in Part 1.
9. Dr. Lynn showed the negative responses received in the Part 2 survey with regards to ‘students being individually treated with respect’ and ‘witnessed others being treated with respect.’ The numbers are consistently below 1% for all evaluations and have not changing significantly from the prior year. The responses to the drop- down menu in VITALS were reviewed. Similar findings were noted with Part 3 reports.
10. Dr. Lynn reviewed some educational efforts to improve the learning environment including sessions on the learning environment at the Spring Symposium and a FAME presentation on the topic. and Grand Rounds on this topic in several Departments were begun by Dr. Davis and Dr. Clinchot, were continued by Dr. Lynn and will continue into the future.
11. Dr. Clinchot asked about loop closure with these reports. Dr. Lynn noted that there now an ability to file a concern on the Student Home Page as well as a low score notification for the respect and intimidation questions that is directed to Dr. Lynn as the Associate Dean of Student Life. She is working on a more consistent and centralized process for investigation of concerns, feedback to faculty/residents, loop closure with students and documentation of follow up. Advice from other institutions is being sought to see how student concerns are approached. Dr. Clinchot identified that low scores are being handled at the Department level which introduces variability into the process and may miss patterns of problem areas in the learning environment. Dr. Tartaglia noted that this is monitored at the program level for all Parts of the curriculum as well. Interventions are documented in VITALS. Ms. Sabatino noted that there is an opportunity to receive notification on all low scores.
12. Dr. Cavalcanti also noted that she is working with Dr. Tartaglia to develop a Learning Environment dashboard.
13. Dr. Mahan noted that this ties directly into the notion of professionalism lapses among faculty and residents and presents opportunities for improvement.
14. Dr. Khandelwal stated that a respectful learning environment has to be emphasized at the Departmental level as an expected behavior among faculty. Dr. McDougle suggested a more proactive approach is needed. Dr. Curren suggested this might be incorporated into new faculty orientation and Dr. Lynn noted that the learning environment is part of new housestaff orientation. Dr. Harter, as a chair, wanted to be notified of all low scores. This led to a larger discussion among the ECC members on the culture within the faculty.

Action Items:

1. Meet with Student Council representative for the Class of 2021 to discuss concerns in Y2Q results.
2. Surveying the class to drill down with greater specificity on these concerns.
3. Develop a centralized repository for intervention and follow up on low scores on ‘treated with respect’ and ‘intimidation’ questions on student evaluations.
4. Evaluating a part-time position as student advocate or ombudsman.
5. Develop a Learning Environment dashboard

**Item 4, Director of Competency – Professionalism Report Presenter:** Dr. John Mahan

1. Dr. Mahan noted that he and Dr. Ashley Fernandes have been evaluating how professionalism is taught within the curriculum. He noted that formal teaching of professionalism is a small part of the curriculum although he conceded that some elements within the curriculum dealing with professionalism may not be tagged properly. His conclusion is that the current review may not present an accurate picture of professionalism within the curriculum. They focused on areas for improvement.
2. Dr. Mahan presented key definitions of profession and professionalism that were used to guide improvements within the curriculum as presented by Brody in *Medical Education* 2014. He emphasized the hard work required of students in achieving professionalism.
3. Dr. Mahan mentioned the conceptual framework of professionalism as described by Irby in *Academic Medicine* 2016. This includes a values-based model, a series of behaviors and as a part of one’s professional identity. Dr. Mahan reviewed a table looking at curriculum, pedagogy and assessments within each of these constructs.
4. Dr. Mahan noted that there are elements within our current curriculum teaching professionalism, some evidence of pedagogy in the White Coat ceremony, role modeling, reflective writings and feedback and some limited assessments in Parts 1, 2 and 3 which primarily focus on task completions and clinical performance assessments. He raised concerns about how these assessments are both referenced and interpreted. Better assessments would provide opportunities for coaching.
5. Dr. Mahan reviewed several opportunities to improve teaching of professionalism throughout the curriculum in each of the academic programs in the areas of teaching and assessment. This would include coaching for students with low CPA scores in Parts 2 and 3. He also felt that better assessments were possible including reflective writing, virtues knowledge assessments and professional multi-source feedback sessions.
6. Drs. Mahan and Fernandes proposed several activities for 2019- 2020.
7. Part 1: TBL looking at virtues, professionalism coaching for lapses by portfolio coaches (this would include faculty development), standardize multi-source feedback (MSF) in Longitudinal Practice
8. Part 2: case-based discussion focusing on professionalism lapses. A pilot study is scheduled during in Ring 1.
9. Part 3: An MSF or professionalism mini-CHEX in AMRCC, case-based discussion based on professionalism lapses, reflective writing discussion board around professional identity formation (a potential student project) based on specialty interest
10. Dr. Westman discussed a presentation by two students doing a medical educational elective who have proposed enhancements to the professionalism curriculum. This has been presented at MICRO.
11. Dr. Kman mentioned that there is reflective writing as part of each Advanced Competency and Part 3 CPA’s each have a specific section dedicated to professionalism. Dr. Mahan suggested a need for standardization of these scores to better identify acceptable levels of performance. There was some discussion about the concept of scoring by Dr. Leung. Dr. Cavalcanti pointed out the curricular learning objectives may help students assess their own professional development by using behaviorally-linked milestones.
12. Dr. Grieco pointed out that Professionalism overlaps significantly with Personal and Professional Development.

Action Items:

1. Develop a TBL on virtues of professionalism for Part 1
2. Provide faculty development training for portfolio coaches in the area of coaching professional lapses among students to begin in Part 1
3. Add case-based discussions on Professionalism in Part 2, PWP
4. Implement one of the proposed teaching and assessment ideas focusing on Professionalism in Part 3

**Item 5, Part 3 Internal Review Update Presenter:** Dr. Uday Nori

1. Dr. Nori presented an update on the progress of the Part 3 Internal Review. He discussed the two roles of his committee: to assure compliance with the LCME standards within Part 3 and to provide constructive feedback on Part 3 of the LSI Curriculum. He reviewed the structure of Part 3 of the curriculum.
2. Dr. Nori noted that his committee has divided LSI Part 3 into its component parts and plans to review the individual components. These included the Learning Portfolio, AMHBC, AMRCC, Advanced Competencies/Electives, Clinical Tracks and HSIQ. He acknowledged the faculty members assigned to each of these components. Finally, three faculty will look at global Part 3 issues. He noted that a portion of Part 3 is dedicated to preparing for specialty selection. Dr. Nori acknowledged the contribution of Dr. Cavalcanti from the Office of Curricular Development.
3. Dr. Nori presented the overarching themes of the inquest: (1) is the curriculum serving the students well, (2) are the students serving the curriculum well and (3) does the curriculum prepare students to assume the role of intern. Dr. McDougle asked to clarify the second question which Dr. Nori explained is whether students are engaging in all aspects of the curriculum.
4. He provided a SWOT analysis of the Learning Portfolio as an example of the deliverables from the Internal Review. He noted that they are collating a lot of granular data in Appendices.
5. Dr. Nori presented his preliminary conclusions:
6. Part 3 represents a personalized learning experience for students
7. the second half of Part 3 is not being utilized to its full extent by students
8. professionalism needs to be consistently evaluated in Part 3
9. HSIQ and the Learning Portfolio are less highly valued by Part 3 students
10. there remain questions about value in both the quantity and quality of evaluations
11. high staff turnover impacts LSI Part 3
12. Dr. Nori asked how we can better emphasize the curricular learning objectives of PCRS among students.
13. He reviewed the remaining steps towards completion of the review including a Faculty Survey that has been released today

**Action Items:** None as this was a preliminary report

**Item 6, MICRO Report Presenter:** Dr. Judith Westman

1. Dr. Westman reviewed the MICRO for March-April 2019. The group is working on the curricular learning objectives in PCRS for several components of the curriculum. The included approval of CLO’s for System Based Practice.
2. MICRO approved a one-year suspension of the patient volunteer portion of the Health Coaching program due to limitations in the number of volunteers.
3. The group approved a modification to confusing wording on the Student Evaluation of Clinical Instruction.
4. Dr. Westman reviewed the changes in personnel for LSI which will be effective on July 1.

**Action Items:** The MICRO report was approved by the ECC

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| Text  Description automatically generated  | **The Ohio State University College of Medicine**  |
| **Executive Curriculum Committee**  |
| Meeting Minutes  |
| Date: 05/28/19  | Location: 150 Meiling  |
|   |
| Presiding Chair: Howard Werman, MD  | Call to order:  | 4:05 pm  |
| Administrative Support: Casey Leitwein  | Adjourned:  | 5:20 pm  |
| Quorum=50% Voting Members  |
| **Member attendance**  |
| **Name**  | **Role**  | **Voting**  | **Present**  |
| Howard Werman  | Chair, Faculty member  | Y  | Y  |
| Holly Cronau  | Faculty Council Representative  | Y  | N  |
| Allison Macerollo  | Elected Faculty Member  | Y  | Y  |
| Kim Tartaglia  | LCME Compliance Officer, Academic Program Director, LSI Part Two  | Y  | Y  |
| Douglas Danforth  | Academic Program Director, LSI Part One  | Y  | Y  |
| Judith Westman  | Special Assistant for Curriculum  | Y  | Y  |
| Camila Curren  | Elected Faculty Member  | Y  | Y  |
| Cynthia Leung  | Chair, Academic Review Board  | Y  | N  |
| Sorabh Khandelwal  | Residency Program Director  | Y  | Y  |
| Nicholas Kman  | Academic Program Director, LSI Part Three  | Y  | Y  |
| Nanette Lacuesta  | Assistant Dean, Affiliated program  | Y  | N  |
| Ron Harter  | Chair, Clinical Science Department  | Y  | Y  |
| Leon McDougle  | Academic Program Director, Associate Dean Diversity  | Y  | N  |
| Andrej Rotter  | Faculty Member- Faculty Council Rep  | Y  | N  |
| Binay Eapen  | Assistant Dean, Affiliated program  | Y  | Y  |
| Jonathan Schaffir  | Faculty Member  | Y  | N  |
| Wendy Frankel  | Chair, Basic Science Department  | Y  | N  |
| Bryce Ringwald  | Med Student Representative  | Y  | N  |
| Kristina Witcher  | Med Student Representative  | Y  | Y  |
| Alex Grieco  | Chair, Academic Standing Committee  | N  | N  |
| Maureen Cavalcanti  | Interim Director, Office of Curriculum & Scholarship  | N  | Y  |
|   |   |   |   |
| **Agenda items**  |
| Item 1, Approval of Minutes  |
| Item 2, Applied Health Systems Science Update/Director of Competency – Systems Based Practice Presentation  |
| Item 3, Education Portfolio and Coaching Program  |
| Item 4, MICRO Report  |

**Item 1, Approval of last meeting’s minutes**

Discussion

1. Dr. Werman asked if there were any corrections to the April 23, 2019 meeting minutes.
2. In follow up to Dr. Lynn’s report to the ECC, he noted that Dr. Lynn’s analysis of the Y2Q narratives yielded no unifying themes in these results.
3. Dr. Jennifer McCallister was introduced as the new Associate Dean for Medical Education.

Action Items

The minutes were approved without change.

**Item 2, Applied Health Systems Science and Systems Based Learning Presenters:** Dr. Allison Heacock

Discussion

1. Dr. Heacock outlined her combined presentation on Applied Health Systems Science (AHSS) and the Systems-Based Competency (SBP)
2. Dr. Heacock noted that Health Systems Science is the third leg of curriculum along with Basic Science and Clinical Science as the other components. HSS comprises a variety of topics.
3. She noted that there has not been a significant amount of literature on this topic over the past year; however, a book entitled “Concerns and Responses for Integrating HSS into Medical Education” has been released by the AAMC. She noted that most sources emphasize both an experiential and conceptual component to teaching HSS.
4. Dr. Heacock reviewed the work of the Integrated Quality group of the AAMC that has developed quality improvement and patient safety competencies for AHSS. These were used to develop CLO’s for the current curriculum.
5. Dr. Heacock reviewed the Part 3 program evaluations from 2017-2018 class for HSIQ. Some of these responses are not relevant to the current structure of the AHSS program. Revisions to the evaluation questions are planned. The Graduate Survey does focus on EPA 13 and demonstrates a result of 4.07 for graduates and 4.02 for program directors (5 point Likert) regarding their comfort in identifying system failures and promoting a culture of patient safety and quality improvement. She reviewed the proposed changes to the Part 3 evaluation questions.
6. Dr. Heacock reviewed changes to AHSS based on feedback from students. She noted that elements of AHSS are taught among all of the competencies and thus, there was an emphasis on those areas not covered elsewhere. The two focus areas fell under SBP and Professional Development and Lifelong Learning with teaching points developed from the AAMC Quality collaborative.
7. She described the administrative and faculty structure for the program including the program coaches including two lead coaches, two program directors (Heacock, Hebert), a program manager (Myers) and an Executive sponsor (Gonsenhauser). She presented a basic outline of the program:
8. Part 1: Introduction to HSS, Multi-disciplinary Team QI to Improve Outcomes, Introduction to Patient Safety and Crew Resource Management. IHI Modules reinforce the lecture materials
9. Part 2: ten in-person sessions facilitated by coaches utilizing ‘flipped classroom’ concepts and taking place during each ring. One session demonstrates quality improvement in action. A final session assists in capstone project development. The specific topics covered were reviewed including Just Culture, event disclosure and ethics surrounding data storage.
10. Part 3 is the capstone quality improvement project. Over 90 student projects have been completed.
11. Dr. Khandelwal asked about how program directors evaluate EPA 13 among OSU graduate (see item 5 above) and what specific questions are being asked. He noted that these responses may not a true outcome assessment. He also asked about the unintended consequences of the AHSS curriculum on medical student education. Dr. Heacock suggested that there may be reduced study time for shelf exams in Part 2. Dr. Macerollo felt that this part of the curriculum added value for students during their residency interview. Dr. Heacock noted that many students work with faculty in their department of specialty interest for their capstone project.
12. Dr. Heacock then introduced the PCRS CLO’s for System-Based Practice for 6.1, 6.2 and 6.3. (The CLO’s and milestones were included in the Box for review.) Some of the assessments for these objectives may take place in other areas of the curriculum. Some Level 1 outcomes were drawn from Longitudinal Practice. 6.3 is being taught and assessed in other portions of the curriculum. 6.4 and 6.5 are taught and assessed in AHSS, primarily in Part 2. Finally, 6.6 is under development. She noted that some Level 4 competencies can be achieved in Part 3 during the capstone project.
13. Dr. Kopechek reminded the group that Level 2 is competency should be achieved at mid-curriculum, that Level 3 is

graduation-level competency and that Level 4 competencies are aspirational.

1. There was some discussion on grading the AHSS component. It was noted that there is a shelf examination under development for AHSS
2. An Action Plan was approved by the ECC

 Action Items

1. Develop an AHSS handbook for students.
2. Work with Programs to incorporate DCLO’s into assessment for Parts 2 and 3 (specifically 6.1 and 6.2)
3. Convene a task force to develop TLMs and assessments for 6.3

**Item 3, Educational Portfolio and Coaching Program Presenter:** Dr. Jack Kopechek

1. Dr. Kopechek gave the ECC an update on the Educational Portfolio and Coaching Program. He reviewed highlights of the program including the duties of the portfolio coach. He noted that he and other OSU faculty hosted a roundtable discussion on academic, career and wellness coaching at this year’s CGEA meeting.
2. Dr. Kopechek reviewed the assessments for the Part 3 Portfolio during the past year in which 175 students reflected on their medical school learning process. Each portfolio was judged by two coaches followed by an oral presentation which is assessed as well. Forty- seven students scored at or above 90% on their presentation. Five students initially did not meet expectations during their initial presentation but all ultimately remediated. He presented the grading rubric. Some assessments were undertaken before interview season and students anecdotally reported that this assisted in their interview.
3. There were 4 outstanding stories that were presented at the Portfolio Showcase in April.
4. Dr. Kopechek reviewed the results of the end of Part 3 survey. Two thirds of students rated as agree or strongly agree in their ability to be reflective learners and also felt that the program helped them set goals and monitor progress towards them. There was a decline in the students’ perception in reflecting on their development in the six competency domains (now 8 under PCRS) but 85% valued or highly valued their coaches. Some representative narrative comments were reviewed.
5. The program also introduced a Part 1 Portfolio assessment. The assessment was done by a coach not assigned to the student. All students achieved a passing grade. Narrative comments were positive regarding the concept of reflective writing.
6. Dr. Kopechek reviewed the student’s assessment of whether the program met its stated objectives. Overall, there has been an increasing trend towards student evaluation of meeting program objectives over time. Coaches, in particular, rate the program extremely high. Students agree or strongly agree > 97% of time in the benefits of the coaching roles.
7. Dr. Kopechek identified several themes among Part 1 and 2 evaluations:
8. students value coaching but often don’t completely understand the role
9. students want more time with coaches: longer meetings or more frequent meetings.
10. students need more awareness of program resources
11. students need a better understanding of artifacts
12. Dr. Kopechek reviewed his action plan for the coming year. There was a significant discussion regarding the proposal to add a Part 1 student to the Part 3 Portfolio assessment team. Several faculty raised logistical concerns with this latter proposal and questioned the value to Part 1 students. Dr. Danforth raised concerns that Part 1 students might not be able to participate, especially early in the year as well as the fairness of those assessments and concerns for student privacy. Alternative suggestions included highlighting exemplary portfolios, via direct presentation or video-taping, and perhaps increasing attendance at the Portfolio Showcase. It was suggested that perhaps an exemplar project could be presented as a required TLM in the first year of the curriculum.
13. Dr. Khandelwal raised the suggestion that getting buy-in from residency program directors in the value of the Educational Portfolio may create incentives for student. Dr. McCallister highlighted the importance of the portfolio as teaching life-long reflection. This led to an important discussion about the value of the Educational Portfolio.
14. The ECC approved the Action Plan for the Education Portfolio and Coaching Program.

Action Items:

1. Move up the Part 3 Portfolio assessment to begin before interview season
2. First meeting of years 1,2 and 3 will be a group meeting to include a discussion of the role of coaching, the set expectations on the portfolio development, review resources available and consider workshopping
3. Develop a central resource repository in VITALS for the Portfolio Program
4. Develop a first year TLM demonstrating an exemplar portfolio project

**Item 4, MICRO Report Presenter:** Dr. Howard Werman

1. Dr. Werman reviewed the MICRO report for May 2019. There was a suggestion to change the evaluation form for Part 3 specific to student mistreatment to prevent unintended positive responses.
2. Several curricular learning objectives (CLOs) were approved for Part 2 as well as Personal and Professional Development and
3. Suggestions for revision to the CLOs for Interprofessional Collaboration were made
4. Dr. Kopechek presented his update on the Educational Portfolio and Coaching Program.

**Action Items:** The MICRO report, including proposed CLOs, was approved by the ECC

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| Text  Description automatically generated  | **The Ohio State University College of Medicine**  |
| **Executive Curriculum Committee**  |
| Meeting Minutes  |
| Date: 6/25/19  | Location: 150 Meiling  |
|   |
| Presiding Chair: Howard Werman, MD  | Call to order:  | 4:05 pm  |
| Administrative Support: Casey Leitwein  | Adjourned:  | 6:00 pm  |
| Quorum=50% Voting Members  |
| **Member attendance**  |
| **Name**  | **Role**  | **Voting**  | **Present**  |
| Howard Werman  | Chair, Faculty member  | Y  | Y  |
| Holly Cronau  | Faculty Council Representative  | Y  | N  |
| Allison Macerollo  | Elected Faculty Member  | Y  | Y  |
| Kim Tartaglia  | LCME Compliance Officer, Academic Program Director, LSI Part Two  | Y  | Y  |
| Douglas Danforth  | Academic Program Director, LSI Part One  | Y  | Y  |
| Judith Westman  | Special Assistant for Curriculum  | Y  | Y  |
| Camila Curren  | Elected Faculty Member  | Y  | Y  |
| Cynthia Leung  | Chair, Academic Review Board  | Y  | Y  |
| Sorabh Khandelwal  | Residency Program Director  | Y  | Y  |
| Nicholas Kman  | Academic Program Director, LSI Part Three  | Y  | Y  |
| Nanette Lacuesta  | Assistant Dean, Affiliated program  | Y  | Y  |
| Ron Harter  | Chair, Clinical Science Department  | Y  | Y  |
| Leon McDougle  | Academic Program Director, Associate Dean Diversity  | Y  | Y  |
| Andrej Rotter  | Faculty Member- Faculty Council Rep  | Y  | N  |
| Binay Eapen  | Assistant Dean, Affiliated program  | Y  | N  |
| Jonathan Schaffir  | Faculty Member  | Y  | N  |
| Wendy Frankel  | Chair, Basic Science Department  | Y  | N  |
| Bryce Ringwald  | Med Student Representative  | Y  | N  |
| Kristina Witcher  | Med Student Representative  | Y  | Y  |
| Alex Grieco  | Chair, Academic Standing Committee  | N  | N  |
| Maureen Cavalcanti  | Interim Director, Office of Curriculum & Scholarship  | N  | Y  |
| Carla Granger  | Director Medical Education and Anatomy  | N  | N  |
| Joanne Lynn  | Associate Dean of Student Life  | N  | N  |
| Uday Nori  | Chair Part 3 Internal Review  | N  | Y  |
| Preethi Chidambaram  | Med Student Representative  | N  | Y  |
| Jennifer McCallister  | Associate Dean for Medical Education  | Y  | Y  |
|   |   |   |   |
| **Agenda items**  |
| Item 1, Approval of Minutes  |
| Item 2, LSI Part 1 Annual Report  |
| Item 3, LSI Administrative Support  |
| Item 4, LSI Part 3 Internal Review  |
| Item 5, MICRO Report  |

**Item 1, Approval of last meeting’s minutes**

Discussion

**1.** Dr. Werman asked if there were any corrections to the May 28, 2019 meeting minutes.

Action Items

The minutes were approved without change.

**Item 2, LSI Part 1 Annual Report:** Drs. Doug Danforth and Cami Curren Discussion

1. Dr. Danforth noted it has been some time since he has provided the ECC a report due to the Internal Review. He will be reporting on classes 2015-2017 and 2016-2018. He acknowledged the team that contributed to the current report and the leadership of LSI Part 1.
2. Dr. Danforth reviewed the overview of LSI Part 1 as part of the curriculum. He reviewed the changes that aligned Part 1 with the University calendar. Notable were the change to the order of Endocrine and Reproductive Disorders and Neurologic Disorders within the curriculum. Some challenges that remain in terms of Anatomy have been noted.
3. He noted that Part 1 Selectives will be expanded from one to three offerings. These will occur after Foundations 2, Endocrine and Reproductive Disorders and Neurologic Disorders blocks. These will involve advanced work in the various PCRS domains.
4. Dr. Danforth noted that Part 2 Pre-Entry program begins following the conclusion of Host Defense and Career Exploration Week 3. Step 1 preparation will be allotted 6 weeks. There are two opportunities to demonstrate readiness for Part 2 including passing a practice NBME examination and completion of Step 1. The USMLE Committee becomes involved if there is evidence that the student is not able to complete these requirements.
5. Dr. Danforth reviewed the prioritization matrix created during the Part 1 Internal Review process. Part 1 focused on the highest priority areas including Learning Objectives, Academic Assistance, Longitudinal Group and Content Quality which were highlighted in the executive summary of the Internal Review.
6. Dr. Danforth reviewed LSI Part 1’s response to the action plan developed in each of these areas. The action plan for Primary Learning Objectives was reviewed. The major accomplishment was the development of Curricular Learning Outcomes in Knowledge for Practice under the PCRS based on the USMLE Content Outline. The CLO’s for other domains will be presented to MICRO for approval. These are currently being integrated into specific blocks within Part 1 by block leaders and expert educators.
7. Dr. Danforth reviewed the action plan for Curriculum Management and Efficiency. He highlighted the development of an on-line block leader and faculty handbook. This was briefly demonstrated. The idea of a faculty/staff retreat has been tabled.
8. The Learning Environment action plan was reviewed. Most of these items were under development by Longitudinal Group prior to the Internal Review. These include promoting consistency, improved faculty development, providing video feedback, incorporation of Learn EHR and improving communication through the use of a common website.
9. The action plan for Assessment was reviewed. The response included a formative OSCE on communication, incorporation of more skills training in LG, movement of exam questions to a Step 1 format and increased assessment of professionalism. The suggestion for a summative Part 1 OSCE has been tabled.
10. Dr. Danforth reviewed the actions by which Part 1 has improved faculty, student and staff support. These have included greater recognition of staff as well as financial support to participate in educational conferences. In summary, most areas addressed by the Part 1 Internal Review have been addressed.
11. The end-of-program student evaluations for Part 1 were reviewed. In general, there have been slight improvements in student satisfaction with Part 1 in all areas as the curriculum has matured. The same holds true for individual block evaluations. Dr. Macerollo noted that changing the calendar and the order of blocks (Endocrine/Reproductive Disorders and Neurologic Disorders) may impact the evaluation scores. Dr. McDougle asked about the students feeling overwhelmed at the end of year one; Dr. Danforth noted that the changes in block order should improve this perception. Dr. Curren noted that the introduction of MindStrong may also assist in student resilience.
12. Surveys of block leaders generally indicate support the Part 1 leadership in their role as leaders in several areas including provision of resources. Similar surveys of faculty show positive results and have demonstrated improvement over past surveys.
13. In terms of student performance, Dr. Danforth pointed out that the vast majority of ‘competencies not met’ in Part 1 are in the area of the Medical Knowledge domain. There were no significant changes in the number of these deficiencies when compared to previous classes. The grading of OSCE’s has changed the number of Interpersonal Communication competencies not met. The USMLE Step 1 mean has remained steady at 229-230, consistently above the national mean. Finally, the number of Student Review Committee referrals has not changed significantly over time.
14. Dr. Danforth spent some time discussing student mistreatment. He reviewed the survey questions at the end of Part 1 related to this topic. He noted that the number of negative responses in some areas have increased, primarily related to public embarrassment and offensive remarks. The individual anonymous responses were reviewed. These concerns are being evaluated by the Program leadership and Associate Dean of Student Affairs. Dr. McDougle raised the issue of implicit bias mitigation as a strategy to improve the number of negative responses. Dr. Curren discussed how this training is integrated into LG.
15. Dr. Danforth reviewed the action plan from his most recent report. All items have been accomplished with LCME Compliance/CQI integration ongoing. The ECC discussed and approved the action plan for the upcoming year.

Action Items

1. Continue to review the Part 1 Internal Review for additional opportunities for improvement
2. Develop and fully implement Part 1 Selectives
3. Full integration of Part 1 CLO’s
4. Develop a leadership plan for Part 1 Co-Directors
5. Focus on student mistreatment
6. Pilot test on-line implicit bias training for LG facilitators
7. Continue to integrate LCME Compliance/CQI into LSI Part 1

**Item 3, LSI Administrative Funding Presenter:** Carla Granger

1. Dr. Werman introduced Carla Granger and noted that she was asked to address questions regarding administrative turnover that has been raised in the two previous Internal Reviews (Part 1 and 2). Ms. Granger reported that she had only a few slides to address the specific questions raised by the ECC but that she wanted to address any additional questions which members had.
2. She reviewed the College of Medicine LSI Administrative Organization Chart, emphasizing the complexity of the educational administration.
3. Ms. Granger reviewed the faculty and staff FTE and funds allotted to different parts of the curriculum. She noted that in reviewing the slide, 1.1 FTE should actually be allotted to Part 3, a shift of about $300,000. However, Dr. Kman noted that the Directors of Competency are not uniquely assigned to Part 3. She noted that these financial calculations did not include Comer funds. Overall, the support for Part 3 was less than Parts 1 and 2.
4. Ms. Granger noted that the College of Medicine has a turnover rate of 19.7%. For an administrative unit, 10% is a target. When looking specifically at biomedical administrative staff, there was a 29% turnover rate.
5. She reviewed the causes for high turnover which she categorized into the areas of compensation, leadership, communications and career progression. She talked specifically about inconsistently in compensation. Ms. Granger noted some of the initiatives that in place to address these issues including quarterly educational assemblies, meeting with educational managers, changes in the bonus structure, staff recognition in BRAVO, institution of performance-based merit raises, internal promotions and increased opportunities for professional staff development.
6. Dr. Khandelwal asked about studies on administrative staff attrition. Ms. Granger promised to investigate and provide data. Ms. Leitwein supported that these efforts have led to improvement in staff morale. Ms. Granger noted that there is a specific focus on certain high turnover areas.
7. Dr. McDougle inquired about team building efforts. Ms. Granger noted that the next Educational Assembly (7/12) will be facilitated by a faculty member with expertise in team building.
8. Dr. Werman asked about assuring equal pay for administrative staff within the University. Ms. Granger explained that there is a University-wide initiative looking at career roadmaps.
9. Dr. Kman asked whether this has been presented to the Dean and Vice Dean for Education. Ms. Granger noted that the College leadership is aware. Dr. Kman noted that high staff turnover limits our ability to become a top tier medical school and he cited specific examples. He and Dr. Danforth emphasized the support for these efforts by the faculty.

Action Items:

1. Ms. Granger will return at a future ECC meeting to update the committee on the efforts to improve staff turnover and morale

**Item 4, Part 3 Internal Review,** Dr. Uday Nori

1. Dr. Uday Nori acknowledged the work of his task force with specific thanks to Maureen Cavalcanti for her assistance on the Internal Review.
2. Dr. Nori noted that the role of the task force was to assure that Part 3 of the curriculum was compliant with the LCME Standards and to provide constructive criticism to the ECC and program leadership.
3. He reviewed the structure of Part 3 and described how his task force examined six distinct units within Part 3: Educational Portfolio, AMRCC, AMHBC, Advanced Competencies/Electives, Clinical Tracks and HSIQ (now AHSS). Each member of the task for was responsible for conducting a SWOT analysis of individual units.
4. Three overarching questions guided the review: (1) is the curriculum serving the students well, (2) are the students serving the curriculum well and (3) are students being well prepared for their role as interns.
5. Dr. Nori briefly showed the SWOT analyses for each of the components but focused on the overall findings of the Review.
6. Strengths of Part 3 included a personalized curriculum based on student interest, specialty specific clinical tracks and a focus on transition to internship (EPAs, clinical tracks). There is evidence of continued quality improvement in the curriculum with increasing student satisfaction, in part due to the reflective nature of the program leadership and faculty.
7. Few true weaknesses were identified although late grades could potentially be a concern.
8. Opportunities included consistency in assessing professionalism, high staff turnover, accountability and relevance of longitudinal experience (Educational Portfolio, AHSS) and the quality and quantity of course evaluations. The last point may be a challenge assigned to the new E&A faculty lead. Dr. Nori also noted that it was difficult to keep the student engaged in the second half of this year. Finally, he mentioned making the PCRS core competencies more relevant to the students.
9. Threats to Part 3 included several external pressures: Step 2 USMLE testing, residency interviews including building a CV, away rotations and travel for interviews.
10. Overall, Dr. Nori concluded that LSI Part 3 is meeting its overall objectives in preparing students to become interns and assuring compliance with LCME Standards.
11. The Committee also suggested future directions for LSI Part 3:
12. assess domains of competency equally and communicate expectations to students
13. enhance the role of the longitudinal experiences including AHSS, clinical tracks and the educational portfolio. In particular, emphasize the best practices of the clinical tracks
14. emphasize active learning throughout LSI Part 3 including clinical track ‘boot camp’, specialty specific OSCE and student reflection on ACGME milestones
15. evaluate resource intensity in the 4th year – standardize tracking and progress in year 4 through VITALS including particular interventions for late grades
16. develop faculty as clinical educators – utilize numerous resources that are available and make them an important part of annual review; specific suggestions were listed in the written report
17. Dr. McDougle asked about the marginal benefit of adding a specialty specific OSCE. Also, he wondered if more ‘wellness’ activities could be added to the curriculum. The student representatives noted that student wellness may be highest in LSI Part 3 and that having free time for wellness is among the most important factors. Dr. Kman noted that there are several TLM sessions that address ‘wellness’ in Part 3.
18. Dr. Kman invited Dr. Nori to bring the report to the APC for Part 3. Additionally, he highlighted late grades as a weakness that should be addressed before the LCME visit. He reviewed some of the contributing factors. Dr. Nori noted, however, that the number of late grades is actually improving over time.
19. Dr. Khandelwal emphasized the program director’s perspective that students need to remain engaged during their entire 4th year experience so that internship is not used re-acclimating students to the clinical environment. Dr. Kman reviewed methods that several prominent medical schools use to assure full student engagement.

**Action Items:** The LSI Part 3 Internal Review will be passed on to the Academic Program Committee for their response but was approved by the ECC

**Item 5, MICRO Report,** Dr. Jennifer McCallister

1. Approved a modification to the Humanism in Medicine survey
2. Reviewed CLO’s for professionalism and recommended approval
3. Reviewed CLO’s for interprofessional communication and recommended approval
4. Reviewed CLO’s for interpersonal and communication skills and recommended minor revisions which will be circulated to MICRO for final approval
5. Incorporated a skill assessment of Health Coaching into an OSCE for Part 1
6. Recognized the leadership of Dr. Judith Westman as outgoing chair of MICRO and her numerous contributions to the curriculum.

**Action Items:** This report and in particular, the CLO’s for professionalism and interprofessional communication were approved by the ECC

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|   | **The Ohio State University College of Medicine**  |
| **Executive Curriculum Committee**  |
| Meeting Minutes  |
| Date: 8/25/19  | Location: 150 Meiling  |
|   |
| Presiding Chair: Howard Werman, MD  | Call to order:  | 4:05 pm  |
| Administrative Support: Casey Leitwein  | Adjourned:  | 5:23 pm  |
| Quorum=50% Voting Members  |
| **Member attendance**  |
| **Name**  | **Role**  | **Voting**  | **Present**  |
| Howard Werman  | Chair, Faculty member  | Y  | Y  |
| Marcie Bockbrader  | Chair, Academic Review Board  | Y  | Y  |
| Preethi Chidambaram  | Med Student Representative  | Y  | Y  |
| Camila Curren  | Academic Co-Program Director, LSI Part One  | Y  | Y  |
| Douglas Danforth  | Academic Program Director, LSI Part One  | Y  | Y  |
| Binay Eapen  | Assistant Dean, Affiliated program  | Y  | Y  |
| Wendy Frankel  | Chair, Basic Science Department  | Y  | N  |
| Ron Harter  | Chair, Clinical Science Department  | Y  | Y  |
| Eileen Kalmar  | Faculty Council Representative  | Y  | Y  |
| Sorabh Khandelwal  | Residency Program Director  | Y  | N  |
| Nicholas Kman  | Academic Program Director, LSI Part Three  | Y  | Y  |
| Nanette Lacuesta  | Assistant Dean, Affiliated program  | Y  | Y  |
| Allison Macerollo  | Elected Faculty Member  | Y  | Y  |
| Jennifer McCallister  | Associate Dean for Medical Education  | Y  | Y  |
| Leon McDougle  | Academic Program Director, Associate Dean Diversity  | Y  | Y  |
| Alexa Meara  | Faculty Council Representative  | Y  | Y  |
| Aroh Pandit  | Med Student Representative  | Y  | N  |
| Bryce Ringwald  | Med Student Representative  | Y  | N  |
| Jonathan Schaffir  | Faculty Member  | Y  | Y  |
| Kim Tartaglia  | LCME Compliance Officer, Academic Program Director, LSI Part Two  | Y  | Y  |
| Kristina Witcher  | Med Student Representative  | Y  | N  |
| Alex Grieco  | Chair, Academic Standing Committee  | N  | N  |
|   |   |   |   |
| **Agenda items**  |
| Item 1, Approval of Minutes  |
| Item 2, Introduction of New Committee Members  |
| Item 3, Biomedical Sciences Major  |
| Item 4, LSI Part 2 Annual Report  |
| Item 5, LSI Comprehensive Curriculum Review  |
| Item 6, MICRO Report  |

**Item 1, Approval of last meeting’s minutes**

Discussion

**1.** Dr. Werman asked if there were any corrections to the June 25, 2019 meeting minutes.

Action Items

The minutes were approved without change.

**Item 2, Introduction of New Members:** Dr. Werman Discussion

1. New members of the Committee including Drs. Kalmar, Posid, Bockbrader and Meara were introduced to the ECC.

Action Items

1. No action required

**Item 3, Biomedical Sciences Undergraduate Major Presenter:** John Gunn

1. Dr. John Gunn provided an overview of the undergraduate biomedical sciences major. He also recognized Steven Mousetes who is the program manager. He noted that BMS is the only undergraduate major that requires a competitive application process and the only undergraduate major within the College of Medicine.
2. Currently, we have 94 students in the BMS program. Dr. Gunn presented the breakdown by year, with a current retention of 93-100% which has increased due to better selection.
3. He reviewed demographics of the program which is 48% female, 82% Ohio residents and 18% URM, higher than the overall campus percent of URM of 11%.
4. The program graduated 22 students this past year with 15 continuing on to graduate school including 9 MD and DO candidates and 2 MD/PhD candidates. An additional 5 are taking a gap year with the intent of applying to medical school.
5. The average GPA for all classes was approximately 3.7 with appropriate ranges provided. He noted that many of the students present their research at the various research forums on campus.
6. Dr. Gunn noted that several of the Biomedical Science Majors participate in the six-week Grever Internship Program where they are exposed to both research and clinical practice. Of all graduates of this program since 2006, 73% have gone on to MD programs, 14% on to MD/PhD programs and 4% have pursued a PhD. Historically, the program has produced 57% MD candidates, 9% MD/PhD candidates, 8% PhD candidates and 26% other graduate program matriculants.
7. Dr. Gunn reviewed the BMS specific courses which span from freshman to senior year. Two years of formal research are a required part of the major and several courses assist in developing their research skills. The senior year focuses on clinically applicable classes. Dr. Meara asked about encouraging students to get involved in clinical research. Dr. Gunn responded that students are encouraged to get involved in any type of research, including clinical projects.
8. Dr. Gunn reviewed the applicant pool which included a 35% increase in applications. The program interviewed 50 students, made offers to 34 and enrolled 27 with an average ACT = 33.8 (campus average 29.3) and the average class rank of 97.2%. Dr. Posid asked about how students are recruited to the program. Dr. Gunn reviewed the various methods of recruiting high achieving students.
9. All of the students received some form of merit-based scholarships. The program also works with the Office of Diversity and Inclusion to recruit a diverse student body. Dr. Gunn reviewed several points of pride in the academic, research and extracurricular accomplishments of program participants including a global health experience to Estonia in which 10 students participated.

Action Items:

1. Identify addition sources of support for the program
2. Encourage more BMS-affiliated faculty to lead study abroad experiences
3. Changing the Mastering the Biomedical Literature II course from pass/fail to graded
4. Ensure that faculty teaching within the BMS program are recognized for their teaching effort by the College of Medicine
5. Monitor and fill BMS course instructor openings as available
6. Maintain class diversity and a high level of student retention as students progress through the four years of the BMS program

**Item 4, Part 2 Annual Report,** Dr. Kim Tartaglia

1. Dr. Kim Tartaglia presented the annual report for the LSI Part 2 program for AY 2018-2019. A written report will be uploaded in the Box. Dr. Tartaglia reviewed the curriculum structure as well as the structure of the three rings. She noted that longitudinal programs including Applied Health Systems Science and Educational Portfolio and Coaching Programs span LSI Part 2 as well.
2. Dr. Tartaglia reviewed the three action items from the previous annual report Improving grade transparency – improve end-of-Part 2 survey results by 20% on grade transparency question
3. Improve faculty feedback – implement as system to obtain and review faculty feedback
4. Systematic deployment and better access to Part 2 Expert Educators
5. Dr. Tartaglia presented the end of year feedback, comparing results to the three prior years. The results demonstrated high assessment for overall quality and faculty interaction and improving evaluation of procedural workshops, ground school, Tuesday didactic session and direct observation of student performance, especially in the UPRSN ring. She attributed the improvement in direct observation ratings to increased resident and fellow participation.
6. Dr. Tartaglia reviewed several compliance topics. Only 0.5% of students reported any duty hour violations between 81-95 hours and none reported violations over 95 hours during the year. Specific rotations on which the violations occurred were presented. When investigated, most of these were related to timing around switched calls and when averaged over four weeks, did not represent actual duty violations. Also, responses to ‘supervision of students to promote a safe environment’ was negatively reported by 4 students but investigation of each revealed these to be related more to concern over an optimal learning environment and not due to patient safety concerns.
7. Dr. Tartaglia reviewed the responses to ‘students being treated with respect’ or ‘others being treated with respect’. Only 0.13% of responses were negative. These responses included a drop-down box for comments in which individuals suggested a hostile learning environment, sarcastic remarks and negative comments regarding other health professionals. Dr. Tartaglia reviewed the follow up process that were pursued in each case. Dr. McDougle asked for clarification regarding the time-lapse between the report and follow up to present anonymity. Dr. Tartaglia noted that the student has some discretion in determining the lapse in follow up to preserve anonymity, unless the allegation is egregious.
8. Other aspects of the evaluations were reviewed and compared to prior years. Communication of learning objectives, communication of clerkship grading criteria, accuracy of faculty assessment of students and duty hour enforcement showed marked improvement in agree/strongly agree responses. Opportunities to understand the cost and benefits of diagnostic tests and treatments is an area for improvement in the Part 2 curriculum. Dr. Tartaglia noted that Dr. Farrell in Family Medicine is working on an intervention to improve exposure in this area and Dr. Kman noted that Applied Health Systems Science is looking into this area. Several faculty members noted this is an area for improvement in the curriculum with potential solutions based on the Choosing Wisely program under consideration.
9. Dr. Tartaglia reviewed data on student learning outcomes, first looking at competency evaluations in Part 2. The Patient Care competency had the highest total (35) of ‘competency not met’ grade. Many of these resulted from scores on the Ring 3 OSCE. There was some concern about whether deficiencies in the physical examination are being reflected in the clinical evaluations. The other ‘competency not met’ categories were reviewed. Dr. Tartaglia noted that 36 students had a single ‘competency not met’ while 11 students had 2 or more, with 3 students being referred to the Academic and Behavioral Review Committee.
10. She reviewed the grading for the individual rings which show a similar distribution of honors, letters of commendation and satisfactory. Honors is based on strict criteria and is awarded to between 12-15% of students.
11. Dr. Tartaglia reviewed each of the action items for 2018-2019 including the interventions taken to accomplish those goals. There was a marked improvement in grading transparency as noted on the end-of-Part 2 evaluation scores. A faculty survey was deployed to obtain feedback from Part 2 faculty members. The survey results were reviewed and showed high satisfaction in understanding the educational objectives, program leadership and faculty support within Part 2. There is an identified opportunity for faculty to better understand the structure of Part 2. And finally, a system for better deployment of expert educators was developed through VITALS with 18 students making 20 requests for assistance.
12. The 2019-2020 action items for Part 2 were reviewed and approved by the ECC. Input in establishing these goals was obtained from Student Council, expert educators, faculty and Part 2 administration. There were some concerns about the ability to evaluate the student documentation goal in IHIS.

**Action Items:**

1. Develop a one-page service-specific orientation for all core clinical assignments in Part 2
2. Increase student documentation within the electronic medical record by 20% and capture 20% of billing off of student documentation
3. Establish a medical education journal club for Part 2 faculty and expert educators
4. Develop a central repository for student absences for each unit/ring in order to track potential professionalism issues
5. Create a system for follow up and evaluation of expert educator intervention

**Item 5, LSI Curriculum Comprehensive Internal review,** Dr. Jennifer McCallister

1. Dr. McCallister reviewed a draft of the charge to the task force that will perform the comprehensive internal review of the LSI Curriculum. Dr. Tartaglia as agreed to lead the Task Force
2. Dr. McCallister asked for input from the ECC on the document, focusing on what the Committee expects the review to accomplish.
3. Dr. Werman asked that Committee members send comments regarding focus of the review and suggested task force membership.
4. Dr. Danforth suggested that we align this effort with the upcoming self-study required prior to the LCME visit. Dr. Tartaglia commented that the report may bleed into areas such as the admissions process and student life.
5. Dr. Werman also asked for feedback on a proposed dashboard for the ECC in order to constantly evaluate the health of the curriculum. He briefly reviewed the suggested areas of focus and asked for the Committee’s input.
6. Dr. Tartaglia commented we could avoid data that is reported annually. On the other hand, ongoing measures such as duty hour violations and learning environment questions that are reviewed by the LCME should be included. Dr. Kman recommended an electronic dashboard populated and imaged through VITALS be utilized. Dr. McDougle suggested that we focus on simplicity.

**Action Items:** The ECC was requested to provide input and these documents will be reviewed at the September meeting.

**Item 6, MICRO Report,** Dr. Jennifer McCallister

1. Dr. McCallister reviewed the MICRO reports for the July 12 and August 13.
2. In the July meeting, a proposal to alter the Primary Care Track to allow more time for USMLE Step 1 preparation was tabled. A plan to address LCME Standard 6.3 (Self-Directed and Lifelong Learning) was proposed with the addition of an individualized learning plan in Longitudinal Practice (LSI Part 1).
3. In August, a proposal to alter the Primary Care Track to allow more Step 1 study time was approved. Additionally, the Knowledge for Practice CLO’s were reviewed and approved.

**Action Items:** This report and in particular, the CLO’s for knowledge for practice, were approved by the ECC

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| Text  Description automatically generated  | **The Ohio State University College of Medicine**  |
| **Executive Curriculum Committee**  |
| Meeting Minutes  |
| Date: 9/24/19  | Location: 150 Meiling  |
|   |
| Presiding Chair: Howard Werman, MD  | Call to order:  | 4:09 pm  |
| Administrative Support: Casey Leitwein  | Adjourned:  | 5:23 pm  |
| Quorum=50% Voting Members  |
| **Member attendance**  |
| **Name**  | **Role**  | **Voting**  | **Present**  |
| Howard Werman  | Chair, Faculty member  | Y  | Y  |
| Marcie Bockbrader  | Faculty Council Representative  | Y  | Y  |
| Preethi Chidambaram  | Med Student Representative  | Y  | N  |
| Camila Curren  | Academic Co-Program Director, LSI Part One  | Y  | Y  |
| Douglas Danforth  | Academic Program Director, LSI Part One  | Y  | Y  |
| Binay Eapen  | Assistant Dean, Affiliated program  | Y  | N  |
| Wendy Frankel  | Chair, Basic Science Department  | Y  | N  |
| Ron Harter  | Chair, Clinical Science Department  | Y  | Y  |
| Eileen Kalmar  | Faculty Council Representative  | Y  | Y  |
| Sorabh Khandelwal  | Residency Program Director  | Y  | Y  |
| Nicholas Kman  | Academic Program Director, LSI Part Three  | Y  | Y  |
| Nanette Lacuesta  | Assistant Dean, Affiliated program  | Y  | Y  |
| Allison Macerollo  | Elected Faculty Member  | Y  | N  |
| Jennifer McCallister  | Associate Dean for Medical Education  | Y  | Y  |
| Leon McDougle  | Academic Program Director, Associate Dean Diversity  | Y  | Y  |
| Alexa Meara  | Faculty Council Representative  | Y  | Y  |
| Aroh Pandit  | Med Student Representative  | Y  | Y  |
| Tasha Posid  | Elected Faculty Member  | Y  | Y  |
| Bryce Ringwald  | Med Student Representative  | Y  | N  |
| Jonathan Schaffir  | Faculty Member  | Y  | Y  |
| Kim Tartaglia  | LCME Compliance Officer, Academic Program Director, LSI Part Two  | Y  | Y  |
| Kristina Witcher  | Med Student Representative  | Y  | Y  |
| Joanne Lynn  | Associated Dean for Student Life  | N  | Y  |
|   |   |   |   |
|   |   |   |   |
| **Agenda items**  |
| Item 1, Approval of Minutes  |
| Item 2, AAMC Graduate Questionnaire  |
| Item 3, Miscellaneous Items  |
| Item 4, Admissions Report  |
| Item 5, MICRO Report  |

**Item 1, Approval of last meeting’s minutes**

Discussion

**1.** Dr. Werman asked if there were any corrections to the August 27, 2019 meeting minutes.

Action Items

The minutes were approved without change. **Item 2, AAMC Graduate Questionnaire:** Amanda Start Discussion

1. Dr. Start presented the results of the most recent AAMC Graduate Questionnaire to the ECC. She noted that we are trying to leverage the capabilities of Power BI. She passed out a document which showed the highlights of the report, noting areas of strength as well as areas for possible intervention. Similarly, on the graphs presented, the colors of the bar graphs corresponded to national percentiles (red – top 75%, black – lowest 10%). Ms. Smart noted that this data comes from students from February through June in their graduating year; this year’s response rate was 83.3%.
2. Dr. Start first presented the overall satisfaction results. Last year’s survey showed an overall satisfaction of 93% representing a slight decline over the past 2 years and placing OSU COM in the 50th percentile. However, we are in the top 10% of schools with regards to integration of basic and clinical sciences.
3. Dr. Start reviewed the results for basic sciences. These showed high ratings for gross anatomy, introduction to clinical medicine, microbiology, pathophysiology of disease and physiology. On the other hand, biochemistry, epidemiology/biostatistics and pharmacology are below the 70th percentile. She noted an upward trend with biochemistry over time. Pathology was noted be in the bottom 25%.
4. Dr. Start reviewed the data for Clinical Clerkships. The overall ratings for all clerkships was above 75% of graduates reporting good or excellent quality. Both Internal Medicine and Psychiatry are above the 75th percentile among medical schools.
5. There was some concern over declining ratings noted in the area of feedback (both mid-rotation and overall faculty) scores for all clerkships, most notably OB/GYN and Surgery. This suggests an area for faculty development.
6. In general, the students expressed confidence in their ability to start residency across all dimensions, placing OSU COM graduates in the top 25% of schools.
7. In terms of scholarship, the percentage of students with authorship in a peer-reviewed publication went from 54% to 73%, placing OSU in the 90th percentile among medical schools. Additionally, there has been a 10% increase in participation with research projects with faculty.
8. Dr. Smart reported that 87% of students supporting the benefit of diversity in the class on their overall education.
9. In general, there were positive results in the area of faculty professionalism. Several items were in the top 25% of all medical schools. Two opportunities for improvement were in the area of being respectful of other specialties and providing constructive feedback to students. There has been an increasing trend of students feeling that faculty support their personal and professional development, with 83% reporting good or excellent responses.
10. Finally, Dr. Smart reviewed the results regarding administrative support of students. There has been an overall positive response from students with many items appearing in the top 25% of medical schools. One area for improvement is in the area of student support services in where both unmet needs of struggling students and the effectiveness of those receiving support were challenged.
11. Dr. Posid asked if there were areas of surprise or opportunities for improvement. Dr. Smart responded that the area of faculty feedback seems to be the area of need for improvement.
12. Dr. McDougle asked about the existence of written comments associated with these responses, specifically addressing the areas of diversity. Dr. Lynn stated that she will review comments for any specific comments on diversity.
13. Dr. Danforth reminded that questionnaire results regarding basic science teaching represent a 2-3 year lag between the responses and actual teaching. Therefore, it may not reflect some recent changes in the curriculum.

Action Items

1. No specific action associated with this report which is referred to the appropriate Academic Program Committees and administrative departments for action.

**Item 3, Miscellaneous Items**

**Presenter:** Jennifer McCallister and Howard Werman

1. Dr. Werman discussed the draft of the 2019 Executive Curriculum Committee which appeared in the Box. He reviewed its content and is looking for feedback in the next two weeks. Dr. Kalmar asked if this addresses some of the requirements for the upcoming LCME Accreditation visit.
2. Dr. Werman also addressed the Comprehensive LSI Curriculum Review. The current charge along with the LCME Standards were sent directly to ECC members. Dr. McCallister explained that the goal of the comprehensive review is to examine the LSI Curriculum, specifically whether there is appropriate vertical and horizontal integration within the curriculum. The review would not necessarily be a full self-study but would be guided by the current LCME standards. Dr. Tartaglia will lead this review of the curriculum which may include some other areas such as admissions and learning environment.
3. Dr. Werman reviewed the concept of an ECC Dashboard. There were some revisions suggested by the ECC at the last meeting which were included. The dashboard was further refined by Drs. Westman, McCallister and Tartaglia. The reporting periods will be based on the academic calendar. There was some discussion as to whether it should be organized by academic program or by evaluation type. It was also suggested that the admissions data be removed as it is contained in their annual report. Finally, there was additional discussion about the Match data, specifically the results for students in competitive specialties. These changes will be incorporated into a revised version of the dashboard.

Action Items:

1. Provide feedback to Dr. Werman regarding the annual report
2. Provide feedback to Dr. McCallister regarding the charge to the Comprehensive LSI Review
3. Ms. Start and Ms. Sabatino will begin to develop the dashboard for the ECC in conjunction with Dr. McCallister and Tartaglia

**Item 4, Admissions Committee Report,** Quinn Capers and Demicha Rankin

1. Dr. Quinn Capers introduced Dr. Demicha Rankin as the new Associate Dean of Admissions.
2. Dr. Capers then presented the annual report from the Admissions Committee. He reviewed the mission statement for Admissions Committee that is designed to select students who should be successful within the LSI Curriculum.
3. Dr. Capers noted that we are currently ranked #30 among all medical schools and #11 among public medical schools by USNWR. He also showed that applications to the OSU COM have increased from 4185 in 2009 to 7787 in 2019.
4. While nationally, women exceeded men in this year’s entering class, OSU has had a female predominance for the past 6 years, with 54% of the 2019 class being women. OSU COM is second in the nation in the percentage of African-American students in the entering class.
5. The entering class has an average GPA = 3.8 and average MCAT of 514 (90th percentile). There were 576 interviews, 425 offers to fill a class of 209, 24% of URM’s and 19% are socioeconomically disadvantaged. Dr. Capers reviewed the categories that qualify to define socioeconomic disadvantaged students. Fifty-six percent of matriculants are from Ohio. Dr. Kman asked about the pressures to maintain greater than 50% Ohio residents. Dr. Capers noted that OSU COM is ‘friendly’ to out-of-state applicants.
6. Dr. Capers reviewed the holistic review process for selecting medical students. Dr. Capers also reviewed OSU COM data for correlation between MCAT scores and USMLE Step 1 scores and pass rates. He noted that the scatter plot reveals that high USMLE scores are distributed throughout all MCAT ranges.
7. Dr. Capers reviewed the percentile ranges for MCAT scores among students who had to repeat Med-1. For the 2017 class, 42% had MCAT scores > 90th percentile whereas only 33% had scores in the 56-65th percentile. He also noted that whereas historically approximately 8 students would be repeating Med-1, this past year that number was 1. Dr. Capers notes that we are still looking for data for students at risk. Dr. Khandelwal noted that early intervention may be impacting the number of encore scores. There was also a discussion about whether looking at those students who are not successful in Part 1 (end of Med-2) would be appropriate.
8. Dr. Khandelwal asked about any section of the MCAT’s that predict success in medical school. Dr. Capers noted that we are participating in a longitudinal study examining this question. Dr. Danforth analyzed the OSU COM data and found that the overall score was the best predictor of Step 1 scores.
9. Dr. Capers concluded with the following point. He noted that nationally over the past 10 years, 76% of matriculants come from the two top household income quintiles. He challenged the ECC to consider the best teaching methods aimed at those who come from the lower quintiles. There was a significant discussion on this topic.
10. Dr. Werman asked about the reduction in the number of interviews to fill the class. Dr. Capers pointed out the AAMC eliminated the “Joint Acceptance” report which put more pressure accepting students off of the waiting list.
11. Dr. Lacuesta commended Dr. Capers in his efforts towards eliminating selection bias and discussed how many of the strategies to increase diversity and blind interviewers to prevent bias have been implemented in their residency selection process.

**Action Items:**

1. No specific action item from the Admissions Committee report.

**Item 5, MICRO Report,** Dr. Jennifer McCallister

No report for September

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| --- | --- |
| Text  Description automatically generated  | **The Ohio State University College of Medicine**  |
| **Executive Curriculum Committee**  |
| Meeting Minutes  |
| Date: 10/22/19  | Location: 150 Meiling  |
|   |
| Presiding Chair: Howard Werman, MD  | Call to order:  | 4:05 pm  |
| Administrative Support: Casey Leitwein  | Adjourned:  | 5:23 pm  |
| Quorum=50% Voting Members  |
| **Member attendance**  |
| **Name**  | **Role**  | **Voting**  | **Present**  |
| Howard Werman  | Chair, Faculty member  | Y  | Y  |
| Marcie Bockbrader  | Chair, Academic Review Board  | Y  | N  |
| Preethi Chidambaram  | Med Student Representative  | Y  | Y  |
| Camila Curren  | Academic Co-Program Director, LSI Part One  | Y  | Y  |
| Douglas Danforth  | Academic Program Director, LSI Part One  | Y  | Y  |
| Binay Eapen  | Assistant Dean, Affiliated program  | Y  | N  |
| Wendy Frankel  | Chair, Basic Science Department  | Y  | Y  |
| Ron Harter  | Chair, Clinical Science Department  | Y  | N  |
| Eileen Kalmar  | Faculty Council Representative  | Y  | N  |
| Sorabh Khandelwal  | Residency Program Director  | Y  | Y  |
| Nicholas Kman  | Academic Program Director, LSI Part Three  | Y  | Y  |
| Nanette Lacuesta  | Assistant Dean, Affiliated program  | Y  | Y  |
| Allison Macerollo  | Elected Faculty Member  | Y  | Y  |
| Jennifer McCallister  | Associate Dean for Medical Education  | Y  | N  |
| Leon McDougle  | Academic Program Director, Associate Dean Diversity  | Y  | Y  |
| Alexa Meara  | Faculty Council Representative  | Y  | N  |
| Aroh Pandit  | Med Student Representative  | Y  | Y  |
| Bryce Ringwald  | Med Student Representative  | Y  | N  |
| Jonathan Schaffir  | Faculty Member  | Y  | Y  |
| Kim Tartaglia  | LCME Compliance Officer, Academic Program Director, LSI Part Two  | Y  | Y  |
| Kristina Witcher  | Med Student Representative  | Y  | N  |
| Joanne Lynn  | Associate Dean, Student Life  | N  | Y  |
|   |   |   |   |
| **Agenda items**  |
| Item 1, Approval of Minutes  |
| Item 2, Teaching Technology in LSI  |
| Item 3, MedPath Program Update  |
| Item 4, Graduate Questionnaire and Program Director Survey  |
| Item 5, MICRO Report  |

**Item 1, Approval of last meeting’s minutes**

Discussion

**1.** Dr. Werman asked if there were any corrections to the September 24, 2019 meeting minutes.

Action Items

The minutes were approved without change.

**Item 2, Teaching Technology in LSI:** Dr. Clinchot Discussion

1. Dr. Clinchot noted that there was a talk at the Sesquicentennial Celebration presented by Google. The presenter challenged the educators to examine whether they were teaching students to operate in the technology-enhanced environment in which they will practice in 10-30 years. The presenter gave the example of the evolving impact of artificial intelligence. The message was echoed by Nikki Goldsberry who attended as well.
2. Dr. Clinchot proposed that we gather a group to consider how the LSI curriculum is integrating future technologies into our education of students. He cited a number of examples including telemedicine, AI- integrated applications for patients and patient satisfaction dashboards.
3. Dr. Clinchot suggested that we convene a small group to consider these future technologies and the best way to integrate them into the LSI curriculum. He stated that he would be happy to support a group discussing future technologies but felt that it would be best overseen by the ECC.
4. Drs. Danforth and Macerollo distinguished between educational technology, which is evaluated by the Technology Assessment Committee, and clinical technology, used as an adjunct in patient care. Members of the Committee discussed different technologies currently in use or considered in strategic plans.
5. Dr. McDougle raised concerns about the ability of AI to exacerbate some of the equity concerns that exist in medicine.
6. Dr. Lacuesta suggested that this educational component could span the entire curriculum. Dr. Kman noted that there is an Advanced Competency on Social Media and Medicine but this provides limited exposure to students. He further discussed the limitations in some technologies available to students such as IHIS. He also discussed the use of virtual reality in education. Dr. Curren discussed AI and E- visits currently under development for primary care and their potential integration into Longitudinal Practice. Dr. Frankel discussed the use of technology and AI in Pathology education.

1. Dr. Kman noted that the AAMC will be a showcase for cutting edge educational technology and suggested that attendees bring back ideas. Dr. Danforth further noted that the CCTS is hosting a meeting on AI and medicine here on campus which may promote additional ideas.
2. Dr. Clinchot suggested that the ECC could coordinate a group evaluating medical student educational opportunities regarding the integration of cutting-edge technology into future practice.

Action Items

1. Dr. Werman will work with Dr. McAllister to develop a task force to specifically focus on incorporating evolving educational and clinical technologies as part of the LSI curriculum

**Item 3, MedPath Program Update Presenter:** Leon McDougle, Nikki Goldsberry

1. Dr. McDougle presented the annual MedPath Program report. He commended Nikki Goldsberry for her leadership of the program. He noted that the program enrolled 15 students in the most recent class, four of which did not successfully complete the program with an additional student on LOA.
2. Eight students experienced an increase of 9 points or greater in their retake of the MCAT examination. This year’s class had a pass rate of 79% (11/15) for the required score to enroll in the College of Medicine.
3. The program continues to emphasize Concept Mapping as a learning strategy for students.
4. Dr. McDougle acknowledged the important role of residents and fellows in serving as mentors for MedPath students.
5. Dr. McDougle reported on the financial support that the program provides to both in-state and out-of-state student.
6. Dr. McDougle reviewed the historical success of students with regards to MCAT scores and GPA within the program. In addition, a chart provided demonstrates the efforts to improve USMLE Part 1 pass rates throughout the year. These currently include First Aid USMLE Step 1 books provided to M1 students, subscriptions to Kaplan Q-Bank and USMLE World Q-Bank as well as student led Step1 review.
7. Dr. McDougle reviewed some demographic data including female students (11), in-state residents (4), science GPA (3.40) and MCAT (496). The institutions of matriculants were included. Eight enrollees were African-American and one was Hispanic.
8. Finally, Dr. McDougle reviewed the student evaluations which are used to make improvements in the program. He highlighted the improvement in the Princeton Review course evaluations in the current cohort compared to last year’s class. Dr. McDougle also highlighted more rigorous application of the academic standards set forth by the program leadership. Dr. Lacuesta asked for clarification on the appeals process.
9. Dr. Macerollo asked about the program’s ideal number of enrollees for the program. Dr. McDougle is satisfied with the current enrollment. Ms. Chidambaram asked about additional resources available to students and long-term outcomes beyond USMLE Step 1 tracked by the program.
10. Dr. McDougle did discuss their challenges in successfully surveying not only MedPath graduates but also M1 students from the program regarding strengths and weakness. The group discussed measures for improving response rates.

Action Items:

1. Provide USMLE Step 1 preparation for 2019 and 2020 enrollees in MedPath and MedPath summer pre-entry programs along with others who are referred from Student Life staff.
2. Hire new staff to continue to support Concept Mapping as a learning strategy for the program.
3. Look for ways to improve feedback to the MedPath program from M1 matriculants in order to gain more meaningful feedback for program leadership.
4. Report additional program outcomes for the next ECC annual report such as taking USMLE Part 1 on time, overall graduation rates, 4- year graduation and Match results.

**Item 4, Graduate Questionnaire and Program Director Survey,** Nicki Verbeck

1. Nicki Verbeck reviewed the results of the Graduate Questionnaire and the Program Director Survey for the graduating class of 2018. The surveys are sent out from March through June following graduation. This is the first year that paper surveys were eliminated for both graduates and program directors. The response rate was 60.5% for directors and 36.8% for graduates, not significantly different from prior years. There is some talk about the ACGME sending out a similar survey as several institutions conduct queries similar to OSU.
2. There were 115 program director responses. A small number of program directors report that OSU graduates are not progressing toward milestones. Overall, 60% of program directors rate OSU students above the level of their peers.
3. The rating of resident skills has remained relatively steady, all being rated above 4 out of 5. Communication skills (85%), sensitivity to medical ethics (90%) and professional conduct (91%) are highly rated skills. Reflective care and practice of preventive care showed steady increases.
4. The additional questions addressing EPA’s were highly rated and showed a steady trend year to year. Identifying system failures and contributing to a culture of safety and improvement showed a significant increase.
5. Dr. Khandelwal commented that the program surveys contain a large number of questions and wondered if the sheer volume limits obtaining information that is useful. He suggested fewer, more meaningful survey questions. He noted that programs are now being surveyed by medical schools by PGY II residents. There was a discussion regarding the value of the survey and possible improvements to the survey, especially since the responses have plateaued. Ms. Verbeck noted that one respondent requested a release from the student and a second submitted their own program’s assessment of the resident. She also noted that survey ratings are accompanied by written responses which may report richer feedback.
6. Ms. Verbeck then moved to the 60 student responses. She noted that there is a difference in responses when compared to program directors. In particular, more graduates reported deficiencies which they attributed to inadequate training in medical school.
7. Ninety percent of students felt that they were better prepared for residency compared to their peer. In general, the trends in responses have remained steady and tended to be more highly rated (4.5 out of 5) compared to program directors. There are high ratings for ‘relationship with patients.’ Two items fall below 4 out of 5 as rated by the students: ‘clinical motor skills ‘and ‘discuss and enter orders and prescriptions.’ One area of significant improvement (95%) is in the area of ‘sensitivity to ethical issues.’ Dr. Kman highlighted the work of Dr. Ashley Fernandez. Similarly, there was improvement in ‘practice of preventive care’ and ‘identifying system failure and contributing to a culture of safety and improvement.’
8. Ms. Verbeck concluded that overall both program directors and graduates seemed pleased with their training. Sixty percent of directors and 90% of students felt that they were better prepared than their peers. Clinical motor skills and order entry are areas for continued improvement. Finally, she wondered if the graduate survey should also be assessed for the value of their questions.
9. Dr. Werman commented that it might be meaningful to compare trends between the Graduate Questionnaire and this student survey which occurs after graduation to see if there are changes in the responses. Dr. Lacuesta was struck by the limited amount of information on professionalism.
10. It was suggested that the written comments from this year’s survey be shared with the Academic Program Directors.

**Action Items:**

1. Establish a task force to evaluate the Program Director survey for the purpose of gathering more meaningful information.
2. Distribute the written comments to Academic Program Directors.

**Item 5, MICRO Report,** Dr. Jennifer McCallister

1. In her absence, the MICRO report was deferred although it was noted that the revisions to the Primary Care Track will be presented at the next ECC meeting

**Action Items:** None

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| Text  Description automatically generated  | **The Ohio State University College of Medicine**  |
| **Executive Curriculum Committee**  |
| Meeting Minutes  |
| Date: 12/10/19  | Location: 150 Meiling  |
|   |
| Presiding Chair: Howard Werman, MD  | Call to order:  | 4:09 pm  |
| Administrative Support: Casey Leitwein  | Adjourned:  | 5:22 pm  |
| Quorum=50% Voting Members  |
| **Member attendance**  |
| **Name**  | **Role**  | **Voting**  | **Present**  |
| Howard Werman  | Chair, Faculty member  | Y  | Y  |
| Marcie Bockbrader  | Faculty Council Representative  | Y  | Y  |
| Preethi Chidambaram  | Med Student Representative  | Y  | Y  |
| Camila Curren  | Academic Co-Program Director, LSI Part One  | Y  | Y  |
| Douglas Danforth  | Academic Program Director, LSI Part One  | Y  | Y  |
| Binay Eapen  | Assistant Dean, Affiliated program  | Y  | N  |
| Wendy Frankel  | Chair, Basic Science Department  | Y  | Y  |
| Ron Harter  | Chair, Clinical Science Department  | Y  | Y  |
| Eileen Kalmar  | Faculty Council Representative  | Y  | Y  |
| Sorabh Khandelwal  | Residency Program Director  | Y  | Y  |
| Nicholas Kman  | Academic Program Director, LSI Part Three  | Y  | Y  |
| Nanette Lacuesta  | Assistant Dean, Affiliated program  | Y  | Y  |
| Allison Macerollo  | Elected Faculty Member  | Y  | Y  |
| Jennifer McCallister  | Associate Dean for Medical Education  | Y  | Y  |
| Leon McDougle  | Academic Program Director, Associate Dean Diversity  | Y  | Y  |
| Alexa Meara  | Faculty Council Representative  | Y  | Y  |
| Aroh Pandit  | Med Student Representative  | Y  | N  |
| Tasha Posid  | Elected Faculty Member  | Y  | Y  |
| Bryce Ringwald  | Med Student Representative  | Y  | N  |
| Jonathan Schaffir  | Faculty Member  | Y  | N  |
| Kim Tartaglia  | LCME Compliance Officer, Academic Program Director, LSI Part Two  | Y  | Y  |
| Kristina Witcher  | Med Student Representative  | Y  | N  |
| Alex Grieco  | Chair, Academic Standing Committee  | N  | Y  |
| Lawrence Kirschner  | Director, Medical Scientist Training Program  | N  | Y  |
|   |   |   |   |
| **Agenda items**  |
| Item 1, Approval of Minutes  |
| Item 2, Medical Scientist Training Program (MSTP)  |
| Item 3, ECC Discussion of LCME  |
| Item 4, MICRO Report  |

**Item 1, Approval of last meeting’s minutes**

Discussion

1. Dr. Werman asked if there were any corrections to the October 22, 2019 meeting minutes. He noted that the attendance for the meeting required some revisions.
2. Dr. Werman noted that there were two Task Forces discussed at the last meeting. He will work with Dr. Jennifer McCallister to establish a task force looking at the future integration of technology as a component of patient care as discussed by Dr. Clinchot. Additionally, he will contact Dr. Amanda Start to evaluate the questions on the Graduate Questionnaire and Program Director Surveys.

Action Items

The minutes were approved with the noted changes.

**Item 2, Medical Scientist Training Program:** Dr. Kirschner Discussion

1. Dr. Kirschner reviewed the program leadership which included himself, Dr. Tamar Gur, Ashley Bertrand and Don Ntonolo.
2. Dr. Kirschner reviewed the MSTP curriculum (LSI3) which follows the LSI curriculum with minor modifications. There are three core associated graduate programs: Biological Sciences, Neurosciences and Biomedical Engineering. Other affiliated programs are Public Health (active) as well as Biophysics, Chemistry and Microbiology. The MSTP program has reached out to other graduate programs throughout the campus to expand the possibilities for interested students.
3. Dr. Kirschner reviewed the typical 8-year curriculum. Notable differences are the Host Defense block which is taken during the first summer, lab rotations and MSTP roundtable meetings. The PhD is typically completed in years 3-6 with the final years of medical school completed in years 7 and 8. There are slight variations for BME graduate students.
4. There are currently 82 students in the program. There has been significant growth in the program as the MSTP program has increased from 5 to 10 students per year. The academic metrics mirror the traditional COM students with 48% female and 19.5% URM. These latter statistics are far above the national average for MD/PhD programs. Most students are in the Biological Sciences graduate program. The average student averages 3.8 publications during their participation in the program with 1.5 first author publications. Four students have left the program in the past 5 years (5.5% attrition rate) which is below the national average.
5. Dr. Kirschner reviewed the residency match results which demonstrate that graduates matriculate to highly competitive residencies including many medical scientist training programs. There are a variety of specialties pursued by MD/PhD students.
6. Dr. Kirschner reviewed an impressive number of fellowships and awards received by program participants.
7. Student participants have performed on par with students in the traditional MD curriculum. Dr. Kirschner reviewed the specific accommodations for MSTP students taking the Host Defense block taken during the first summer, including the addition of TBL’s. He also noted that students participate in their first graduate course during Autumn semester of their second year. Occasional conflicts have been resolved through discussions between Drs. Kirschner and Danforth. Finally, there is an MSTP-led Step 1 prep course each December.
8. Dr. Kirschner reviewed the student selection process which attracts a geographically diverse applicant pool. There are four interview dates and accepted students are invited back for Second Look week which is conducted in conjunction with the COM. Applications for the coming year have increased significantly over last year’s class. The program has moved to metric-blind interviews.
9. Dr. Kirschner reviewed several new initiatives in the program:
10. Nationwide Children’s is supporting one MSTP student with an interest in pediatrics
11. MSTP students must submit an individual development plan
12. Vertical mentoring program has been initiated
13. Mentorship academy of research-oriented faculty has been established
14. Bioethics course with Drs. Nash and Fernandez has been added including input into the students’ current research projects
15. Increased alumni engagement including work with the Development Office
16. Revamped medical student seminar series (MSSO)
17. Scheduled meetings with the Associate Program Director
18. Dr. Kirschner reviewed the specific diversity-related recruitment activities including work with the Diversity and Inclusion Office. This includes several pipeline initiatives including University of Maryland – Baltimore County
19. Dr. Grieco asked about re-integration into the medical school curriculum. Dr. Kirschner stated that there is a lot of pre-entry counseling, completion of the Intro to Clinical Medicine course and time spent during their research years in a medical clinic. Dr. Posid asked how students compare to PhD only students. Dr. Kirschner did not have current specific data such as time to completion or publications. Other measures such as graduates seeking tenure track positions and time to associate professorship were suggested although Dr. McDougle questioned the value of this comparison.
20. Dr. McCallister asked about match counseling and whether there could be better coordination with the COM and MSTP leadership. Dr. Kirschner described some senior student and faculty mentoring resources which is available.
21. Dr. Meara asked about Health Systems Outcomes as a possible area of study.
22. Dr. Khandelwal asked about the number of MSTP student in our program compared to our aspirational peers. Dr. Kirschner noted that the average program has 10-15 students per medical school class for those schools that have such programs.
23. The ECC discussed the action plan and approved the plan for the coming year.

Action Items

1. Focus on the competitive grant renewal in January 2020
2. Increase MSTP students to 12 per year with a goal of achieving 20 students per year
3. Look to expand to more graduate programs throughout the campus

**Item 3, ECC Discussion of LCME Presenter:** Dr. Tartaglia

1. Dr. Tartaglia reviewed our current status with regards to LCME compliance. She reviewed the LCME Compliance Requirements, discussed our current CQI activities and focused on future initiatives.
2. She noted that LCME Standard 1.1 requires medical schools to collect data at regular intervals, evaluate outcomes and set long- and short-term goals. The ECC has been involved in looking at problematic areas in the past using DMAIC methodology as well as areas where the LCME has focused in reviews of other medical schools.
3. Dr. Tartaglia reviewed last year’s area of focus. LCME Standard 6.1 addresses learning objectives. She reviewed MICRO’s role in developing new curricular learning outcomes based on the PCRS which were approved by the ECC. Currently, the Learning Outcomes are being tagged in VITALS including hot topic areas and TLMs/assessments. Additionally, Standard 9.9 considers student advancement and appeals; she noted that we have revised our appeals language to be consistent among the academic programs.
4. Specific areas of continuous improvement focus were in the areas of learning environment (3.5), interprofessional collaboration (7.9) and self-directed learning (6.3). Dr. Tartaglia reviewed the data sources as well as our progress in each area.
5. Dr. Tartaglia noted that Dr. Westman will be coordinating our self- study preparation. An LSI Dashboard is being developed in conjunction with the Information Warehouse. Finally, she noted that the CQI Template is available to more clearly document our CQI activities by the academic programs.
6. Dr. Tartaglia noted that we have done a good job in our annual reporting using the CQI Template developed by Dr. McElroy. She also noted that we have completed individual internal reviews of the individual academic programs with our comprehensive curriculum review to be completed this year. Overall, there is a comprehensive calendar of reports by the ECC which correlates well with the specific outcomes to be reviewed as expected by the LCME.
7. Dr. Tartaglia reviewed several newer areas of focus including: learning environment (3.5), assessment systems – timely grades (9.8), preparation of residents and non-faculty instructors (9.1) and technical standards (10.5). She reported on the data elements of focus and the specific groups who will be evaluating the data.
8. Finally, Dr. Tartaglia reviewed the specific standards that have been an area of focus for the LCME. Dr. Werman asked about specific areas of concern to which Dr. Tartaglia highlighted the learning environment and late grades as areas of focus. Dr. Werman added that in regards to compliance with residents and non-faculty education that the GME reported 100% compliance with the required learning modules in 2019. This represents an improvement in compliance from 50% in 2016, to 70% in 2017 and to 100% in 2018.

Action Items:

1. Continue to involve the Competency Directors in Standards relevant to their area of responsibility
2. Work with the Office of Curricular Scholarship/IW to implement the LSI Dashboard.
3. Complete the Comprehensive Review of the Curriculum.
4. Conduct a site visit as a faculty fellow to the University of Mississippi College of Medicine.

**Item 4, MICRO Report,** Dr. Jennifer McCallister

1. September 2019 – no meeting
2. In October 2019, the following areas were covered:
3. Dr. Westman reviewed LCME Standard 6
4. Student Council participation in MICRO was approved
5. A revised schedule for the Primary Care Track to allow preparation for USMLE Step 1 was approved. Drs. McCallister and Macerollo reviewed the changes which were made to give PCT students equivalent time to prepare for Step 1. Changes including excusing student from Selectives and Professional Development commitments around the GI/Renal block were suggested. In order to begin Part 2 in January as scheduled, PCT students must demonstrate readiness to take Step 1 by posting a passing score on a practice NBME exam, and must take Step 1 by December 31. They will be granted a conditional start to Part 2 while awaiting their official score.

Students who fail to demonstrate readiness after two practice NBME exams, or who do not take Step 1 by December 31 will be allowed to participate in Ground School activities for Part 2 and then will be excused from weeks 2 and 3 (surgery selective) to allow for additional study time These two weeks will not be made up in the curriculum. Students must post a passing score on a practice NBME exam and must take the USMLE Step 1 by January 25 to continue in Part 2. Those who do not meet the January 25th deadline will be removed from the curriculum and will be referred to the USMLE Committee.

Note that these dates apply to the coming calendar year.

1. November 2019 – no meeting

**Action Items:**

1. The ECC approved the revised schedule for the Primary Care Track for USMLE Step 1 preparation.