The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Howard Werman, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 8/28/2018
Location: 150 Meiling
Call to Order: 4:05pm
Adjourned: 5:30pm

# 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 | 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 | Y |
| Jonathan Schaffir | Faculty Member | Y | Y |
| 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 | Y |
| 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 | Y |
| Uday Nori | Chair, Part Three Internal Review | N | Y |
| John Gunn | Director, Biomedical Science Undergraduate Major | N | Y |
| Steven Mousetes | Program Manager, Biomedical Science Undergraduate Major | N | Y |
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## Additional Attendees

| **Name** | **Role** | **Present** |
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## Agenda Items

| **#** | **Agenda Item**  |
| --- | --- |
| 1 | Approval of Minutes |
| 2 | Biomedical Sciences Undergraduate Major |
| 3 | PCRS Implementation Update |
| 4 | Advanced Competency Pilot in LSI Part 1 |
| 5 | Part 3 Internal Review Update |
| 6 | MICRO Report |
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# Item 1, Approval of Minutes

## Discussion

1. Dr. Westman asked if there were corrections to the July 24 meeting minutes.

## Action Items

The minutes were approved without changes.

# Item 2, Biomedical Science Undergraduate MajorPresenter: John Gunn, Steven Mousetes

# Discussion

1. Dr. Gunn presented the report on the Biomedical Science Undergraduate major. He highlighted that this is the only undergraduate major affiliated with the College of Medicine. This is a competitive major which has been in place since 2005. Only 25-30 students are accepted each year with a focus on the health sciences and a heavy emphasis on research.
2. In academic year 2017-18, the retention rate was 100% for juniors, 100% for sophomores and 96% for freshmen. The major has 47% women, 86% Ohio residents and 45% minorities with 16% under- represented in medicine. These distributions compare favorably to the overall campus population.
3. Plans for graduating seniors were presented. Two program graduates will be joining the work force. Twelve graduates are going to attend graduate/professional school including 8 attending medical school (3 at OSU COM). Seven others are taking a gap year with six considering an application to medical school.
4. There were four Pelotonia fellows among program participants. There was strong participation of students in the Fall Undergraduate Research Forum, the Denman Research Forum and the OSUWMC Trainee Research Day including several award winners. Seven students were chosen for the Internal Medicine Grever Internship Program.
5. Dr. Gunn reviewed the four-year curriculum for the major including individual course requirements for each year. An internal review of the program was also recently concluded which will contribute to an update to the curriculum.
6. Mr. Mousetes reviewed the application process. There were 159 applicants with 49 interviews held and 38 offers made. Twenty-seven students (71%) accepted their offers. These students have an average ACT of 33, with 95.7 percentile in high school class rank.
7. Historically, 88% enter professional school with 56% becoming MD’s, 9% entering MD/PhD programs and 10% pursuing PhD positions.
8. Approval has recently been granted for students to receive a BS degree in Biomedical Science. Nineteen graduates received a degree with honors and one graduated with Honors Research Distinction in Biomedical Science.
9. A manuscript was published in *Teaching and Learning in Medicine*

regarding the BMS major.

1. Mr. Mousetes received faculty/staff recognition awarded by the senior class honorary.

## Action Items

There was a motion to accept the Biomedical Sciences major action plan and report including:

1. Seek alternative sources of funding for the coming year
2. Encourage BMS-affiliated faculty to develop and lead learning abroad experiences for senior BMS students.
3. Reclassify BMS program manager to a program director.
4. Incorporate suggestions made from the BMS internal review.
5. Ensure that teaching within the BMS curriculum is appropriately recognized by the COM

Approval was granted by the ECC.

# Item 3, Implementation of the Physician Competency Reference SetPresenter: Dr. Westman

## Discussion

* 1. Dr. Westman reported on the progress in replacing the OSU College of Medicine’s Core Education Objectives with the PCRS. She noted that the PCRS redefined some the existing ACGME competencies and added two additional competencies: Interprofessional Education and Personal/Professional Development. The net result is a merging of the OSU COM language with AAMC Curriculum Inventory and alignment of competencies from UME to GME.
	2. She noted that the jargon has changed from primary and secondary learning objectives to curricular learning outcomes. Each outcome should cover larger portions of the curriculum, be measurable and will result in a reduced number of outcomes.
	3. Each of the academic program committees are working through the curricular learning outcomes, focusing on medical knowledge and patient care. Part 3 should be ready to present their work in September to the ECC MICRO. Each program is working horizontally and will coordinate with the work of the other academic programs. This task must be completed by the end of academic year 2018-2019 in preparation for implementation during academic year 2019-2020.
	4. Dr. Kman described the Part 3 process in moving from Core Educational Objectives to PCRS. He noted that there were dCEO’s that mapped to several curricular learning outcomes but each was ultimately assigned to the most closely linked outcome.
	5. The Directors of Competency are working on the remaining six competencies in the PCRS in a vertical fashion, using developmental language as the student progresses from Part 1 through Part 3 as described by Dreyfus. Each director will present their curricular learning outcomes to the academic program committees. Systems based practice (Alison Heacock) is preparing to do this in the near future. The goal is to have 50-75 outcomes per area of competency by academic year 2019-2020.
	6. This change has impacted VITALS, our learning management system. They have had to add additional PCRS categories as well as create new filters. The old CEO’s will be removed and archived. TLM’s in the coming year will be linked to PCRS outcomes. Dr. Tartaglia as LCME Compliance Officer, is assisting in the development of key words which will allow the TLMs to be searchable and will increase the COM’s ability to participate in the AAMC curricular inventory.
	7. The impact on faculty and staff will be primarily to associate key words with each TLM. The method for assisting in this process is still under development.
	8. With regards to students, they do not typically use curricular learning outcomes and key words to assist in studying and review. Rather, the students use teaching points that are contained in each of the TLMs as a study aid. Implementing a searchable method for students to use teaching points is currently under development.
	9. Dr. Lacuesta raised a question about the use of the AAMC curricular inventory. Dr. Cavalcanti noted that our participation provides us access to curricular elements from other schools of medicine. Additionally, she asked for clarification between professionalism and personal and professional development. Drs. Westman and Grieco provided clarification as to the distinction.

## Action Items

none required

# Item 4, Pilot of Advanced Competency Experiences in LSI Part 1Presenter: Dr. Westman

## Discussion

1. Dr. Westman introduced this topic by noting that students have requested the opportunity to participate in advanced competency training as part of Part 1 of the LSI curriculum. She described a pilot project that will occur during the Foundations 2 block.
2. Dr. Westman noted that these are additional educational experiences that are intended for the Part 1 learner, remembering that one of the goals of LSI was to allow the students to have additional educational opportunities and flexibility in time. However, the restrictive aspects of Part 1 have precluded offering such experiences.
3. Dr. Chris Pierson is the block leader for Foundations 2 and was willing to consider a change in the block structure. Material in Foundations 2 was identified as core competencies with removal of multiple areas of advanced topics in knowledge. One week of morning classes was freed in which to teach advanced competencies, totaling 8-12 hours of hands-on experience during the fifth week of the Foundations 2 block. These would appear as a separate course on the student’s transcript.
4. To be eligible to participate, the student must achieve at least 70% on the Foundations 1 examination. Those who do not achieve the required 70% will study and retake the remediation examination on Thursday of the Assessment Week and thus, be ineligible to see this additional material.
5. Dr. Macerollo asked about the impact of absolute exam scores for those who pass but want to improve their scores; Dr. Westman noted the Med 1 was pass/fail grading. The scores on the first exam will be used for the unofficial class order.
6. The proposed advanced competency offerings will be: (1) Leadership skills for future physicians (Personal and Professional Development)

– Drs. Rundell and Graham (2) Advanced concepts in genetic testing (Knowledge for Practice) – Ms. Kate Shane and (3) Emotional intelligence and writing HPI’s (Interpersonal and Communication skills) – Drs. Towner-Larsen and Norton.

1. The competencies will involve in-class work only without summative assessments. Grading will be pass/fail. Program evaluation will be based on student assessments and engagement using a modified version of the Part 3 Advanced Competency evaluation form.
2. If the pilot is successful, the ECC may be asked to consider adding three additional Part 1 advanced competencies in the Cardiopulmonary, Endo/Repro and Neurology blocks, using a similar format. The rationale for not involving other blocks was given by Dr. Westman. This proposal was discussed at the Part 1 APC. It was noted that classroom space may be a limiting factor in the number of competencies offered.

## Action Items

No action items

# Item 5, Part 3 Internal Review UpdatePresenter: Dr. Uday Nori

## Discussion

1. Dr. Nori introduced himself to the group and discussed his enthusiasm for the project. He discussed his own background as an educator in the COM and his early progress on the internal review.
2. Dr. Nori has already met with Dr. Kman and has looked at the Part 1 and Part 2 reviews. He has also compared the existing curriculum to the 2006 curriculum. The goal is to assure that his review meets the expectations of the ECC and College leadership.
3. Dr. Nori will be constituting his team for the evaluation process. His emphasis is that this review will also address preparation for residency. Feedback from program directors and graduating students will be important sources of input. Additionally, he will be evaluating the integration of Parts 1 and 2 by Part 3 learners.
4. Dr. Nori plans to have 1 to 2 students on his committee in response to Dr. Kman’s question. Dr. Westman suggested that PGY-2 residents who attended the COM should also be included on the committee.

## Action Items

none required

# Item 6, MICRO Report

**Presenter: Dr. Westman**

## Discussion

1. Dr. Westman presented the MICRO report from August 10. There was a proposal to add a direct observation of presentation skills in LP during the Host Defense block in order to prepare students who are entering Part 2 in making oral presentations. This was approved by MICRO.
2. MICRO reviewed the report due for submission to the AAMC for curriculum inventory on September 30. The report is currently on track. The group also considered revised primary learning objectives for Longitudinal Group.
3. Finally, the committee evaluated the plans for implementation of the PCRS as discussed earlier in this meeting
4. She noted that a Learner Assessment Working Group (LAWG) meeting was cancelled due to lack of agenda items.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Howard Werman, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 09/25/18
Location: 150 Meiling
Call to Order: 4:05pm
Adjourned: 5:30pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Howard Werman | Chair, Faculty member | Y | Y |
| Holly Cronau | Faculty Council Representative | Y | Y |
| 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 | 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 | Y |
| Leon McDougle | Academic Program Director, Associate Dean Diversity | Y | N |
| 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 | Y |
| Nathaniel Lundy | Med Student Representative | Y | N |
| Faith Anne Roche | Med Student Representative | Y | N |
| Margaret Zhang | Med Student Representative | Y | N |
| Kristina Witcher | Acting Med Student Representative | Y | Y |
| Carla Granger | Administrator, Basic Science Department | N | N |
| 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 | Y |
| Lawrence Kirschner | Director, Medical Scientist Training Program | N | Y |
| Coranita Burt | Graduate Medical Education Program Director | N | Y |
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## Additional Attendees

| **Name** | **Role** | **Present** |
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## Agenda Items

| **#** | **Agenda Item**  |
| --- | --- |
| 1 | Approval of Minutes |
| 2 | Residents as Educators Modules |
| 3 | Medical Scientist Training Program |
| 4 | AAMC Graduate Questionnaire Survey |
| 5 | MICRO Report |
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# Item 1, Approval of Minutes

## Discussion

1. Dr. Werman asked if there were any corrections to the August 28 meeting minutes. Dr. Danforth provided one correction.

## Action Items

The minutes were approved with corrections.

# Item 2, Residents as Educators ModulesPresenter: Coranita Burt

# Discussion

1. Ms. Burt introduced herself as the Program Director for the Graduate Medical Education office. Ms. Burt noted that her office oversees the activities for 879 residents and fellows.
2. She noted that their office had been charged with educating residents and fellows about their responsibility as medical student educators. This involves the completion of two modules: *Effective Teaching* as well as *Evaluation and Feedback*.
3. When this process was initiated in 2016, it was noted that there was a compliance rate of approximately 50% for both modules. This prompted a review of the barriers to compliance with this requirement.
4. There was a review process which identified the fact that the modules could not be assigned under the old learning management system prior to arrival at OSUWMC. There were also two learning management systems in place: one at the GME office and one at the Medical Center. Finally, the sheer number of computer-based learning modules made their completion problematic.
5. In 2017, the GME office partnered with the NetLearning team to preload the modules and were able to achieve a 79% compliance. The GME office identified additional barriers including some confusion among trainees in specific programs as to their requirement for completion.
6. The GME office put together a GME tracking sheet to identify all programs who were required to complete the assigned modules. This was shared with affected program coordinators and identified an August 31 deadline.
7. Currently, with work from the GME staff, the compliance now stands at 100%.

Dr. Lacuesta asked about how affiliated programs at other health systems (OhioHealth) could get the content from these modules. Ms. Burt will connect the other health systems with the appropriate personnel in the College of Medicine. Dr. Tartaglia also noted that these modules can be found on the FD4ME site which might provide another avenue for accessing the information.

## Action Items

Dr. Tartaglia and Ms. Burt will work with representatives from the OhioHealth and Mt. Carmel Systems to assure that their trainees and faculty have access to these modules.

# Item 3, Medical Scientist Training ProgramPresenter: Lawrence Kirschner

## Discussion

1. Dr. Kirschner presented an update on the Medical Scientist Training Program for MD/PhD students. He introduced the leadership team of himself, Dr. Tamar Gur and Ashley Bertran. A second staff member is being recruited.
2. Dr. Kirschner presented the modification of the LSI curriculum entitled “LSI3.” He noted that the medical scientist program has core programs in Biomedical Sciences, Neurosciences and Biomedical Engineering. There is an affiliate program in Public Health and additional affiliations with Biophysics, Chemistry and Microbiology. Several students are currently enrolled in the Public Health program.
3. Dr. Kirschner reviewed the typical 8-year curriculum. The program starts in the summer with laboratory rotations. In the fall of first year, MSTP students participate in the LSI Part 1 curriculum. These students also participate in the MSTP Roundtable and the Medical Science Student Seminars. The second summer is highlighted by further lab rotations and completion of the LSI Host Defense block. This represents a change instituted by the program in the last couple of years.
4. Dr. Kirschner noted that students complete their LSI Part 2 work in November of their second year and complete a graduate school course by December 15. They then have dedicated Board study until the first week in February. At this point, they become full-time graduate students although they spend ½ day each week in a clinic to maintain clinical contact. There is an MSTP roundtable on Ethics that begins in the last year of PhD work and continues through LSI Parts 2 and 3. He reviewed the modifications to the LSI3 schedule that were made to accommodate students in the Biomedical Engineering track.
5. Dr. Kirschner reviewed the program growth from 36 students in 2011 to a projected 83 students by 2019. The current students have an average MCAT in the 91st percentile, an average GPA of 3.75 and are 51% male and 17% URM, this latter number being above the national average for similar programs. The highest number of students participate in the Biomedical Sciences program with another 4 students pursuing a degree in Public Health. Students take an average of slightly more than 8 years to graduate, have an average of

3.8 publications by Med 4 years with 1.3 first-author publications. Finally, 4 students (5.5%) have left the program in the past 5 years, below the national average of 12-14%.

1. Dr. Kirschner reviewed the residency matches with Internal Medicine, Pediatrics and Pathology being the most popular choices among graduates.
2. Dr. Kirschner discussed the program accomplishments including 7 University Fellowships, 2 Presidential Fellowships, 8 NIH F30/31 Fellowships, one Pelotonia Fellowship and two CCTS TL-1 Fellowships. Students in the program have produced 24 publications to date this year.
3. Overall, USMLE Step 1 scores appear to be consistent with those of the medical school students.
4. Dr. Kirschner discussed the impact of changes in the LSI curriculum for MSTP students. The primary focus has been on the Host Defense block which is offered during the summer after year 1. Drs. Kirschner, Danforth and Bazan currently meet with students at the beginning of the summer to review expectations. Laboratory rotations are shortened so that there is dedicated time for completing the Host Defense material. Team-based learning exercises have been added. The Host Defense block is also be offered to Primary Care Track students.
5. Dr. Kirschner has been working with Dr. Danforth to resolve conflicts between medical student lectures and graduate coursework in the year 2 Autumn semester. Finally, there is an MSTP-led Step 1 review in December of year 2 with some faculty being recruited for specific content areas. He also described the development of an MSTP Advanced Competency focusing on entrepreneurship and clinical research.
6. Dr. Kirshner highlighted program recruitment data – this past year there were 235 applicants. Fifty interviews were conducted and 12 offers were made, representing a wide geographic and demographic distribution of students. The 2018 class was 70% female, 20% URM with an average GPA of 3.77, MCATs in the 92nd percentile and drawn from a variety of prestigious undergraduate institutions. The integration of MSTP candidates into the College of Medicine Admissions process was reviewed with current applications up from last year. The committee is hoping to move to ‘metric blind’ interviews.
7. Dr. Macerollo asked if the MSTP Advanced Competency could be available to all LSI Part 3 students. Dr. Kirschner noted that this advanced competency requires experience in research and also noted that as an alternative, Dr. Baumgartner offers an Advanced Competency in Research that may be more appropriate for those students.
8. Dr. Kirschner specifically reviewed the recruitment and support services offered for URM applicants. He highlighted the ASPIRE initiative as well as the efforts of Dr. Biaochhi and Dr. Gunn to recruit high school students from disadvantaged areas.
9. Dr. Kirschner noted that the MSTP Program Grant is due for re- application of its funding in 2020.
10. Dr. Shaffir asked about reintegration of students into the Part 2 year. Dr. Westman noted that about half of the students integrate without challenges and the other group has initial struggles re-integrating.
11. Dr. Werman asked about the Host Defense block which has been problematic in the past. Dr. Kirschner noted that there was improvement in student perceptions and Dr. Danforth pointed out that there will be an additional three weeks in the summer session based on the revised calendar.

## Action Items

1. Move to a ‘metric blind’ interview process
2. Develop a Nationwide Children’s Pediatric MSTP Fellowship program (first student offered this position in 2018)
3. Have each MSTP student submit an individual development plan and review with the program leadership
4. Develop an Advanced Competency in Year 4 of LSI to include commercialization of products and clinical research
5. Enhance the vertical mentorship of the MSTP program by students and trained faculty mentors (Mentorship Academy)
6. Continue to improve the MSTP Bioethics Seminars under the guidance of Dr. Ryan Nash and Dr. Ashley Fernandes
7. Increase outreach to alumni including endowment funds, White Coat sponsorship and alumni awards.

# Item 4, AAMC Graduate Questionaire SurveyPresenter: Nicki Verbeck

## Discussion

1. Ms. Verbeck presented with 2018 AAMC Graduate Questionnaire Survey. These questions reflect the responses of 2018 graduates of the OSU College of Medicine, the third year of LSI. She presented an abridged form of the report to highlight areas needing improvement whereas she did not highlight areas where we are above the national average.
2. Overall, we had an excellent response rate and the overall satisfaction with the educational program is high and above the national average. The overall basic science ratings are above the national average as well. Biochemistry, Biostatistics, and Genetics were all previous areas requiring improvement. While biostatistics and genetics have improved and currently exceed the national average (sum of excellent and good responses), biochemistry remains below the national average. Neuroscience and pathology remain slightly below the national average and experienced a slight decline. Similarly, pharmacology is below the national average but is showing steady improvement.
3. Ms. Verbeck reviewed the responses for the required clinical rotations which, for the most part, are positive. All of the specialties are essentially at or above the national average. Internal medicine experienced a slight decline in direct observation scores. In psychiatry, mid-clerkship feedback and resident teaching were below the national average. With regards to the specialty of OB/GYN, the direct observation of history has declined and is below the national average as is mid-clerkship feedback. Resident teaching scores have also declined. On the other hand, faculty teaching increased significantly from the prior year.
4. OSU has improved and is above the national average in recognizing the benefits of diversity. The disconnect between the teaching and demonstration of professionalism is consistent with national norms for all medical schools, with less than 20% of responding students feeling that there is misalignment. It was noted that this is a new question on the survey and may not appear in the 2019 survey. We are otherwise exceeding the national average for all professionalism areas.
5. OSU is also doing a reasonable job in realm personal and professional development; this is also true for student support and the learning environment with the exception of tutoring services, which is below the national average.
6. Student mistreatment will be discussed at a later committee meeting by Drs. Lynn and McDougle. It was noted that there was a significant improvement in faculty professionalism scores.
7. Dr. Werman and Dr. Cavalcanti noted that neurology experienced significant improvement in their clerkship scores for faculty and resident teaching.
8. Dr. Tartaglia noted that the drop in mid-clerkship feedback should improve based on changes to the rings in Part 2. She was also pleased with the increase in the direct feedback scores, given that this has been emphasized by the program leadership.
9. Dr. Danforth noted that there is no statistical analysis of this data, meaning that the implications of changes in the data are limited. Dr. Macerollo highlighted the time lag between the clinical rotations and the conduct of this survey, suggesting recall bias. Dr. Schaffir emphasized the importance of standardization of the rings in Part 2.

## Action Items

No action items – this report will be discussed further at the individual program presentations.

# Item 5, MICRO ReportPresenter: Dr. Westman

## Discussion

1. Dr. Westman updated the ECC on the activities of MICRO and its two workgroups from August through September 2018.
2. Dr. Westman reported that Learner Assessment Workgroup will be meeting after the ECC meeting.
3. She reported on the September 14 meeting of MICRO.
	1. With regards to PCRS, the group is looking at available dictionaries to identify search terms for content areas in Vitals. The available resources are limited by licensing issues. There is work on the Curricular Learning Outcomes (CLOs) for Interprofessional Education; work has already been done on System Based Practice and Practice-Based Learning and Improvement. Work is underway to develop a common methodology as well as other areas. Dr. Werman asked that these be shared with the ECC members when these are approved by MICRO.
	2. The scoring for the OSCE’s in Part 1 and Part 2 was reviewed with the desire to use a common methodology. Part 2 leadership has not had an opportunity to fully review the data.
	3. There was a request to make the Career Exploration Weeks within Part 1 LSI separate curricular units which would highlight the focus on the Personal and Professional Development competency. This was approved at MICRO. Dr. Macerollo asked about assessment of this block; Dr. Danforth stated that there is no scored assessment attached to this block other than student participation at this time.

## Action Items

There was a motion to approve separation of Career Exploration Weeks as a separate block in LSI Part 1. This was approved by the ECC.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Howard Werman, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 10/23/18
Location: 150 Meiling
Call to Order: 4:05pm
Adjourned: 5:49pm

# 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 |
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| 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 | Y |
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| Wendy Frankel | Chair, Basic Science Department | Y | Y |
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| Margaret Zhang | Med Student Representative | Y | N |
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## Additional Attendees

| **Name** | **Role** | **Voting**  | **Present** |
| --- | --- | --- | --- |
| Carla Granger | Administrator, Basic Science Department | N | N |
| 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 | Y |
|  |  |  |  |

## Agenda Items

| **#** | **Agenda Item**  |
| --- | --- |
| 1 | Approval of Minutes |
| 2 | Student Preparation Evaluation |
| 3 | Part 3 Annual Report |
| 4 | MedPath Program |
| 5 | Part 3 Internal Review Update |
| 6 | MICRO Report |
| 7 |  |
| 8 |  |

# Item 1, Approval of Minutes

## Discussion

1. Dr. Werman asked if there were any corrections to the September 25 meeting minutes.

## Action Items

The minutes were approved with corrections.

# Item 2, Student Preparation EvaluationPresenter: Nicki Verbeck

# Discussion

1. Ms. Verbeck presented her slide presentation on Student Preparation Evaluation whose subjects were the graduating class of 2017. Surveys are initially sent after the Match of the following year and are followed up both electronically and via hard copy for residency directors but electronically only for graduates. The response rates were 66% for residency directors and 38.1% for graduates.
2. Our overall results for the 2017 class (second year LSI) were very positive with regards to graduates being pleased with their residency, their progress towards milestones and their identifying deficiencies in medical school training. Only one graduate was not pleased with their selected residency. Ninety five percent of students felt that their training was about the same, better or much better than other residents in the program.
3. When program directors were asked to rate OSU graduates on their EPA milestones, our graduates were rated at the same or better than other residents 95% of the time with most milestones averaging between better and much better (between 4 and 5 on a 5 point Likert scale). Only HSIQ was rated below better for 2017 graduates (3.93 out of 5).
4. When program directors were asked to rate communications skills (patient relations, communication, interdisciplinary teamwork, professional conduct and medical ethics), OSU grads fell between better and much better on average (> 4 out of 5 point Likert scale). The same trend was noted in the area of clinical skills.
5. When 2017 graduates were surveyed, a few students were not happy with their residency selection. Far fewer students than previous years identified deficiencies in their training and none described difficulties in progressing towards milestones. All but one student felt that they were the same, better or much better trained than peers in residency. Most felt that they were better or much better trained.
6. Graduates felt that their training was between better and much better than their peers as it related to EPA’s with only order entry (EPA4) being below better (3.84 out of 5 and improved from prior year). It was pointed out that the abbreviations on the slides (e.g. HSIQ) do not directly correspond with the actual content of the EPA. Graduate perceptions of training in communication skills and clinical skills were highly rated by the graduates (better to much better).
7. Dr. Khandelwal asked whether it was possible to identify differences between responding students and non-responders. Ms. Verbeck noted that the data is not individually identifiable.
8. She concluded that program directors and graduates rated their training highly with 78.4% of graduates and 59.6% of program directors rating them better or much better than peers.

## Action Items

No action items

# Item 3, Annual Report Presenter: Nick Kman

## Discussion

1. Dr. Kman presented the Part 3 LSI Annual Report to the ECC. He described the basic structure of the 12 blocks of Part 3 of the curriculum. The program includes 4 required blocks in Advanced Management of Hospital Based Care (AMHBC) and Advanced Management of Relationship Centered Care (AMRCC). Four electives are required including one Advanced Competency. There are four flex blocks. Two additional requirements for Part 3 are completion of their HSIQ project and presentation of an educational portfolio. Finally, every student must complete a Clinical Track which are designed to help students achieve entry level milestones in their chosen specialty. Dr. Kman reviewed the scoring for Part 3. He noted that there are 4 weeks off around the winter holidays for vacation and interviews.
2. Dr. Kman described the over-arching goal of the program is to prepare students for residency. This is achieved through a focus on ACGME milestones. There is built-in time for USMLE Prep and residency interviews. By starting Part 3 in May, students have time to explore and confirm their residency choice. Additional goals are to explore different practice settings and to nurture socially responsible activities.
3. Dr. Kman reviewed the Action Items from last year’s report. The first priority was to balance required portions of Part 3 with preparation for interviews. The survey conducted by Student Council demonstrated satisfaction in achieving this goal in Part 3.
4. An additional action item was to improve student satisfaction with Order Entry. A curriculum was developed by Drs. Lewis, Barrie and Shaffernocker which was shown to improve student satisfaction with the teaching of EPA 4.
5. One other action item was to increase the presence of Part 3 in VITALS. This is moving forward following the conversion of Part 3 curricular learning outcomes to be consistent with PCRS.
6. Another goal was to reduce the number of late reported grades. This goal has not yet been fully accomplished. There were 25 late grade entries during the past academic year due to a variety of causes.
7. A final goal was to improve the consistency of Advanced Competencies and electives. Dr. McCallister and her team have reviewed and revised many of the curricular learning outcomes in the Advanced Competencies and have focused additional new electives that come on board. The CLO’s for existing electives will be reviewed on a rolling basis.
8. Dr. Cavalcanti reviewed the assessment of Part 3 by students. The first area of evaluation were EPA’s and overall clinical evaluation. There was an improving trend in the positive responses with regards to preparation in EPA’s from 2016 to 2018 graduates. The greatest number of negative or neutral responses was for EPA4 and EPA13 as well as in student scores in the area ‘having opportunities for evaluating ethical dilemmas.’
9. She reviewed specific questions on ‘health finance/high value care’ and ‘assessment of patient satisfaction’ which showed significant improvement from 2016 to 2018. Over 60% of students had a positive perception of the Portfolio Coaching program including the showcase portfolios.
10. There were strongly positive evaluations of the Advanced Competency experiences which also showed steady year to year improvement in scores. There were overall positive perceptions of the Clinical Tracks with a few negative and neutral comments regarding clarity of learning objectives, consistent assessments, preparation for internships and overall experience.
11. Students felt that the greatest strength of Part 3 is the flexible scheduling and ample time for learning. Flex months, specific rotations and the personalized learning experience were also highly regarded. These were consistent with the goals of Part 3. Opportunities for improvement include the time and organization of the HSIQ experience, AMRCC experience and requirements, administrative issues and the showcase portfolio.
12. Dr. Kman reviewed the requirements for the AMRCC block. Dr. Cavalcanti discussed the course evaluations. Overall, comparing year to year, there was steady improvement in the evaluations from very good (4) to excellent (5), including an overall score which improved from 2.91 to 4.16 on a 5 point Likert score. Effective portions of the AMRCC were the individual course components, knowledge for practice and the clinical exposure. While most students felt there were no opportunities for improvement, some suggested opportunities to improve the TLMs and assignments for the course.
13. Dr. Kman reviewed the AMHBC block as well which includes both Emergency Medicine and a mini-internship experience. Overall, the evaluations were both positive and increasing in student satisfaction over time. The course was notable for strengths which included knowledge of practice and student autonomy while most students noted no specific areas for improvement.
14. Finally, evaluations of the Clinical Tracks were reviewed by Dr. Cavalcanti. The evaluations for several domains that were positive and improved over prior years.
15. Dr. Kman reviewed some significant scholarship that has emerged over the past year from the LSI Part 3 program.
16. A SWOT analysis was presented. Weaknesses include inconsistency in the Clinical Tracks. Feed forward mechanisms are not well developed. The late grades continue to be an area for improvement. Opportunities to improve include the learning objectives for Advanced Competencies and Electives. Also, integrating the EMR as a learning tool for internship can be enhanced. Residency interviews as the major priority of fourth year students continues to be the major threat to the curriculum success along with waning student engagement in the 4th year.
17. Dr. Kman reviewed duty hour violations which have been noted among students in Orthopedics and ENT, some of which is resident- driven. Data for concerns in the learning environment were reviewed. Dr. Kman discussed the process of follow up for every concern entered in VITALS. This could potentially involve the Associate Dean of Student Life, Vice Dean of Education and the Department Chairman. Evidence of loop closure was provided.
18. Dr. Kman will submit a more complete report and LCME survey within 30 days.
19. Dr. Nori asked about the rise in professionalism concerns in Part 3 of the curriculum. Dr. Kman explained the Dr. Ashley Fernandez has some ideas towards addressing these concerns, especially as it relates to attendance and leaving early in required clinical activities.

## Action Items

1. Work toward zero late grades for the coming academic year.
2. Work to improve consistency within the Clinical Tracks by developing AGCME-specific milestones for each specialty.
3. Move to full conversion to PCRS within Part 3. AMRCC and AMHBC will have curricular outcomes presented at the next MICRO meeting.
4. Continue to achieve a better academic and interview balance as evidenced by survey question on End of Part 3 Survey results
5. Improve communication from program leadership to students in Part 3.

This action plan was discussed and approved by the ECC.

# Item 4, MedPath Annual Report Presenter: Leon McDougle

## Discussion

1. Dr. McDougle reviewed the data from the MedPath program and thanked Nikki Goldsberry for her assistance with the program.
2. He reviewed the accomplishments of the 2017-2018 class. The matriculants had an entering GPA 3.6, with 13 students increasing their MCAT scores by an average of 8 points, qualifying each for a

$500 scholarship. He attributed this largely on the use of concept mapping as an educational tool. He reviewed the USMLE resources that are made available to the MedPath students and highlighted the impact on USMLE scores and pass rates since 2014.

1. Dr. McDougle highlighted some of the accomplishments of prior graduates and current students and acknowledged the work of PGY-2 residents in mentoring MedPath students.
2. Dr. McDougle also reviewed the USMLE first time pass rates which have shown a trend towards significant improvement. Finally, student demographics for the 2018 class were reviewed.
3. Dr. Khandelwal asked about the student selection criteria which were briefly reviewed by Dr. McDougle. The primary focus is to recruit students from disadvantaged backgrounds and those classified as underrepresented in medicine. A minimum MCAT of 499 (now 500) is required for matriculation into the College of Medicine. Dr. Macerollo clarified that some students are admitted that may not meet either of the criteria; Dr. McDougle noted that a third category are those who have demonstrated a commitment to underserved populations.
4. With regards to evaluation of the program from the most recent graduates, the only significant concern were issues with the MCAT Princeton review; all other evaluations were positive. Dr. McDougle reviewed evaluations from prior classes as requested by the ECC during a prior year’s report. These reviews were positive with the exception of some concern about the value of concept mapping.
5. Dr. McDougle was asked about how the evaluations might be used to improve course offerings in the program. Dr. Westman noted that there were not enough responses to make any statistical inferences. Dr. McDougle noted that the program is individualized for students based on their prior coursework and thus, not every course is taken by each student.
6. There was some discussion about the longitudinal support for MedPath students which continues through USMLE Part 1. Dr. there were not enough responses to make any statistical inferences. Dr. McDougle noted that the program is individualized for students based on their prior coursework and thus, not every course is taken by each student.
7. There was some discussion about the longitudinal support for MedPath students which continues through USMLE Part 1. Dr. Westman pointed out that after Part 1 is a vulnerable time for program graduates.

## Action Items

No action items from the report.

# Item 5, Part 3 Internal Review UpdatePresenter: Uday Nori

## Discussion

1. Dr. Nori updated the group on his upcoming Part 3 Internal Review. He reviewed his progress on developing a process for conducting the review and answering the relevant questions. He has been gathering information as well as reviewed prior internal reviews. Additionally, he has reviewed VITALS as a resource.
2. He has been reviewing student feedback and noted that USMLE Step 2 scores are pending. He has met with at least one student focus group.
3. Dr. Nori asked for input regarding Committee members in order to generate a useful report for the ECC. He will likely present a proposed Committee for the next ECC meeting. There will likely be representatives from the GME faculty.
4. Dr. Westman also noted that a Director of Competency should be included in the membership, suggesting that Dr. John Mahan may be a potential member given his position as Director of Professionalism.

## Action Items

A formal committee roster will be presented at the next ECC meeting.

# Item 6, MICRO ReportPresenter: Dr. Westman

## Discussion

1. Dr. Westman updated the ECC on the activities of MICRO. The PEWG and LAWG working groups have been formally disbanded and their work will be conducted within MICRO.
2. Dr. Westman also reported that the Program Director and Directors of Competency are working behind the scenes to develop curricular learning outcomes based on PCRS.

## Action Items

Some CLO’s may be presented to the ECC at the next meeting.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Howard Werman, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 11/27/18
Location: 150 Meiling
Call to Order: 4:05pm
Adjourned: 5:49pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Howard Werman | Chair, Faculty member | Y | Y |
| Holly Cronau | Faculty Council Representative | Y | Y |
| Allison Macerollo | Elected Faculty Member | Y | N |
| 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 | Y |
| Nathaniel Lundy | Med Student Representative | Y | N |
| Faith Anne Roche | Med Student Representative | Y | N |
| Margaret Zhang | Med Student Representative | Y | Y |
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## Additional Attendees

| **Name** | **Role** | **Voting**  | **Present** |
| --- | --- | --- | --- |
| Alex Grieco | Chair, Academic Standing Committee | N | N |
| Maureen Cavalcanti | Interim Director, Office of Curriculum & Scholarship | N | Y |
| Uday Nori | Chair, Part 3 Internal Review | N | Y |
|  |  |  |  |
|  |  |  |  |

## Agenda Items

| **#** | **Agenda Item**  |
| --- | --- |
| 1 | Approval of Minutes |
| 2 | Discussion of Step 2 CK/CS Results |
| 3 | Discussion of LCME |
| 4 | Part 3 Internal Review Update |
| 5 | MICRO Report |
| 6 |  |
| 7 |  |
| 8 |  |

# Item 1, Approval of Minutes

## Discussion

1. Dr. Werman asked if there were any corrections to the October 23 meeting minutes.

## Action Items

The minutes were approved without corrections.

# Item 2, Discussion of Step 2 CS/CK ResultsPresenter: Maureen Cavalcanti

# Discussion

1. Dr. Cavalcanti presented the annual report of Step 2 CK and CS results covering academic year 2017-2018. The report included first- time test taker results from the period of July 2017 through June, 2018.
2. There were 177 first-time Step 2 CK test takers of whom 173 passed on the first attempt; this represents a 98% pass rate. When compared to the prior year, this represented a decline from a 99% pass rate (184/186). However, the national average was a 97% pass rate for academic year 2017-2018. The average score for OSU first time takers was 252 compared to a national mean of 243. This was also reflected in a histogram of scores showing OSU College of Medicine score trending towards higher scores when compared to the national distribution and three students scoring above 275.
3. When grouped by body system or clinical discipline, all score ranges averaged above the national mean with blood and lymphoreticular system, gastrointestinal system and renal/urinary/male genitourinary systems being closest to the national mean.
4. These scores continue a pattern of OSU COM scoring above the national mean and well above the national minimum pass rate.
5. For Step 2 CS, 146 of 147 students passed on the first attempt, representing a 99% pass rate. Individual areas including a 100% pass rate for Communication/Interpersonal Skills and English Proficiency and a 99% pass rate for Integrated Clinical Encounter. This compares to a national pass rate of 95%. These scores represented first time takers whose results were available through September 2018. There were 54 more students reported in the prior academic year. The pass rate in 2017 was 99% including identical scores in the three distinct areas of the examination.
6. Dr. Cavalcanti explained that the difference in students taking the examination was likely due to a timing issue. It was noted that since the initiation of the LSI curriculum, the Step 2 CS scores have remained above the national average.
7. There was some discussion regarding early efforts to identify students at risk of failure in CK and CS and providing targeted resources to mitigate the risk of failure.

## Action Items

No action items for this report as this information will be considered in the Part 3 Internal review

# Item 3, Discussion of LCMEPresenter: Kim Tartaglia

## Discussion

* 1. Dr. Tartaglia provided an update to the ECC on the LCME guidelines and expectations while providing an overview in our institution of CQI efforts and opportunities for improvement in this area.
	2. Dr. Tartaglia noted that the LCME expects the COM to gather data in a planned and purposeful manner. They also expect the COM to document its key outcomes. Finally, we must establish and achieve short- and long-term goals for each program utilizing the DMAIC methodology.
	3. Dr. Tartaglia reviewed our current plan to incorporate the principles of CQI into the ECC meetings as well as individual academic program committees. This would include completion of the academic program annual report template to guide reports to the ECC. Additionally, internal program reviews can identify focus areas and help establish long-term program goals. This would assist in documenting CQI on an ongoing basis. These should be reviewed at the program level (APC meetings) at specific time intervals. There should also be an institution-wide review of all program goals to demonstrate central management of the curriculum which would be reviewed at specified intervals.
	4. Dr. Tartaglia noted that we have been successful in reviewing the annual program reports which include CQI documentation. Additionally, our planned cyclical internal reviews of academic programs and the entire curriculum demonstrates a commitment to CQI principles. Finally, the pre-planned calendar of reports to the ECC represents a commitment to periodic review of the curriculum.
	5. Dr. Tartaglia highlighted several outcomes that are routinely assessed by the ECC as part of our curricular oversight. Two additional areas for evaluation would be student scores on internally developed examinations and performance-based assessment of clinical skills (OSCE’s).
	6. Two ongoing projects include the revision of learning objectives as the COM transitions to PCRS and revision of the grade appeal process.

7. Finally, Dr. Tartaglia reviewed all of the elements that require monitoring according to LCME standards. She proposed several additional outcomes to be periodically reviewed in order to be compliant with LCME monitoring expectations. These include the learning environment, interprofessional collaboration, diversity and pipeline programs and self-directed learning; not all of these would be monitored by the ECC.

8. Based on an article published by the LCME, Dr. Tartaglia suggested that we must also focus on areas of concern in prior LCME reviews. This would include comparability of grading among the rings in Part 2 as well as documentation of central management of the curriculum. Other areas of emphasis by the LCME have been diversity, professionalism and the learning environment.

9. Dr. Werman asked if an institutional scorecard should be periodically reviewed by the ECC. Dr. Tartaglia agreed that this would be beneficial.

## Action Items

1. Engage directors of competency in monitoring standards relevant to their area of competence.
2. Work with the Office of Curricular Scholarship to develop dashboards evaluating the areas that require monitoring by LCME standards.
3. Work with Dr. Nori to assure assessment of required LCME elements as part of the Part 3 Internal Review.

This action plan was discussed and approved by the ECC.

# Item 4, Part 3 Internal Review UpdatePresenter: Uday Nori

## Discussion

1. Dr. Uday Nori updated the ECC on his progress with the internal review of Part 3 of the curriculum.
2. To date Dr. Nori has met with several key individuals involved with the curriculum. He has received a formal review of the calendar for Part 3. Additionally, he has a recurrent meeting with Beth Sabatino (VITALS) and Maureen Cavalcanti (OCS). He has identified several members of his committee although others have declined based on time constraints. This includes several individuals involved in residency training and two second year residents who are OSU- graduates. He is still looking for a Director of Competency and a representative from NCH.
3. Dr. Nori reviewed all of the data sources that will be used in his evaluation of Part 3. He is reviewing objective outcomes as well as receiving input from students, faculty and residency program directors. Additionally, it was suggested that he specifically look at the students’ perception of their ability to meet expectations for residency interviews in addition to academic components of the curriculum.
4. Dr. Nori plans to present a report that is consistent with the rubric provided in the program review template as well as individual reports on the specific programs (AMRCC, AMHBC, Advanced Competencies/Electives, etc.) within Part 3.
5. Dr. Harter did inquire if newer members of the ECC could be provided with a better graphic representation of the LSI curriculum as well as an explanation for any abbreviations used in our presentations.

## Action Items

No action items from the report.

# Item 5, MICRO Report

# Presenter: Judith Westman

## Discussion

1. Dr. Westman provided slides reviewing the current actions of MICRO. In her absence, Dr. Danforth reviewed the report covering October through November.
2. HSIQ presented a proposal to archive 16 primary learning objectives and eliminate four IHI modules from the course. This recommendation was approved. It was noted that these modules did not receive positive reviews in Part 1 student surveys.
3. Curricular learning outcomes which are based on the USMLE Content Outline are being tagged in VITALS for Part 1. Additionally, ‘hot topics’ are being identified from external sources. Any old tags and reports are being archived.
4. There was a discussion regarding male genitourinary examination. It was decided to use demonstration models in training Part 1 students and continue with live models in UPRSN for Part 2 instruction.
5. There was a review of the first pilot of a selective experience in Foundations 2 within Part 1. Only two students were unable to participate due to a remediation requirement. Of the three selectives offered, two were positively received. A second round of selectives will be offered in the fall of 2019 during Neuro and Foundations 2,.

## Action Items

The report was reviewed and accepted by the ECC. No action items were identified.