The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Jack Kopechek, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 01/26/21
Location: Zoom
Call to Order: 4pm
Adjourned: 5:57

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Jack Kopechek | Chair, Faculty member | Y | Y |
| Melissa Quinn | Chair, Academic Review Board | Y | Y |
| Paige Spieth | 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 |
| Kim Bjorklund | Faculty Member | Y | Y |
| Sorabh Khandelwal | Residency Program Director | Y | Y |
| Nicholas Kman | Academic Program Director, LSI Part Three | Y | N |
| Nanette Lacuesta | Assistant Dean, Affiliated program | Y | N |
| 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 | N |
| Alexa Meara | Faculty Member | Y | Y |
| Charissa Newkirk | Med Student Representative | Y | N |
| Elisa Bradley | Faculty Member | Y | Y |
| Bryce Ringwald | Med Student Representative | Y | Y |
| Jonathan Schaffir | Faculty Member | Y | Y |
| Kim Tartaglia | LCME Compliance Officer, Academic Program Director, Part Two | Y | Y |
| Kristina Witcher | Med Student Representative | Y | Y |
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## Additional Attendees

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Joanne Lynn | Associate Dean, Student Life | N | Y |
| Kelly Ann Perry | Director, Student Life | N | Y |
| Kristin Rundell | LP Director | N | Y |
| Laura Volk | Part 2/3 Program Manager | N | Y |
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## Agenda Items

| **Agenda Item**  |
| --- |
| Item 1, Approval of meeting minutes |
| Item 2, Away Rotations for 2021-22 |
| Item 3, Option for Medical Students to Care for Patients with Covid (Part 2 and Part 3) |
| Item 4, Part One Academic Calendar-Return to Hybrid Instructions |
| Item 5, Part One Academic Calendar-Transition to Part 2 Medical Student Taskforce |
| Item 6, LCME CQI Updates |
| Item 7, LSI Micro Report |
| Item 8, Director of Competency- Interprofessional Collaboration Subcommittee Report |

# Item 1, Approval of Minutes from November 24, 2020– Dr. Kopechek

## Discussion

1. Minutes of the November 24, 2021 meeting were reviewed by the ECC.

## Action Items

1. The minutes from the November 24, 2020 meeting were approved.

# Item 2, Old BusinessPresenter: Dr. Kopechek

## Discussion

1. The ECC member survey indicated that it would be helpful for ECC members to have more context for the various reports.
2. Dr. Kopechek thanked members for reviewing their assigned LSI Dashboard between ECC meetings and reporting any concerns to him.
3. Documentation for resident and fellow teaching modules was posted in ECC box. 100% of OSU residents and fellows completed these modules in the past year.

## Action Items

1. Dr. Kopechek will provide more context in introducing reports and ask each speaker to provide context for their reports.

# Item 3, Application for Away Rotations 2021-22 Presenter: Dr. Lynn

## Discussion

1. Dr. Lynn reviewed the recommendations of the Coalition for Physician Accountability for the 2021-22 academic year. These included:
	1. Away rotations would start August 1, 2021 at the earliest
	2. Applications could start on April 15, 2021
	3. Away rotations would be limited to one rotation per specialty per learner
2. The Coalition for Physician Accountability plans to provide an update to the community no later than April 15, 2021, either confirming that August 1 remains an acceptable start date, or creating a new start date.
3. Dr. McCallister mentioned that military away rotations would continue to be exempt from these restrictions.
4. Dr. Macerollo asked how we plan to handle requests for other exemptions to the policy. Dr. Lynn and Dr. McCallister said that they have held to the recommendations very tightly over the past year and plan to continue with this. Dr. Tartaglia remarked that the recommendations were clear concerning reasons for exemptions being the inability of a school to provide the experience at their own institution. We have the capacity to host our own students for these rotations so there is no need for exemptions.

## Action Items

1. The ECC voted to approve these recommendations as our policy for the 2021-22 academic year.

# Item 4, Step 2 CSPresenter: Dr. McCallister

## Discussion

1. The USMLE announced discontinuation of work to relaunch Step 2 CS.
2. Dr. McCallister requested that we eliminate Step 2 CS as a graduation requirement for OSUCOM.
3. Dr. McCallister also asked that we defer the decision on whether to develop new internal clinical skills exams until we have the recommendations from the OSCE Task Force and that any new clinical exam requirement not apply to the graduating class of 2021.

## Action Items

1. The ECC approved the elimination of the Step 2 CS graduation requirement.
2. The ECC also approved deferring development of new internal clinical exams until the results of the OSCE Task Force are reviewed. Any new exam requirements will not apply to the graduating class of 2021.

# Item 5, Student Participation in Care of Patients with Covid Presenter: Dr. McCallister

## Discussion

1. A process is now in place for health professions programs to request approval for students to begin caring for patients with COVID.
2. No changes are recommended for Part 1 students.
3. Part 2 is considering providing opportunities for their students to participate in the care of Covid patients.
4. Part 3 has requested permission to allow their students to have the option of participating in the care of Covid patients starting with their next rotation. Students may opt in and there are no consequences for students who choose not to care for these patients. This policy will apply only to OSU sites and its local partners. (This policy will not supersede policies at the partnering institutions regarding care of Covid patients)
5. Dr. Tartaglia reported that some Part 2 students cannot yet be vaccinated. There was some concern that students might not feel comfortable opting out. The Part 2 APC preferred to wait until the 2021-22 academic year to provide these opportunities.
6. Dr. Schaffir pointed out that a significant number of currently hospitalized patients have Covid and students are missing out on the learning opportunities but also understands the need to protect student health until they get vaccines.
7. Dr. McCallister commented that we do not have access to data on what percentage of students have been vaccinated.
8. Ms. Spieth says most rising third year students would like to be able to participate in the care of Covid patients while providing an opt out for students who choose not to participate. Ms. Witcher commented that many current fourth year students are hoping that they will have this opportunity. She also asked about vaccination rates for the current third year students. Dr. McCallister believes that the vast majority have gotten the vaccine.
9. Dr. Tartaglia said she was open to revisiting the inclusion of Part 2 students during the current academic year. They will take that back to the Part 2 APC.

## Action Items

1. No actions were taken by the ECC.

# Item 6, Part 1 Calendar

**Presenter: Dr. McCallister**

## Discussion

1. Dr. McCallister proposed a return to hydrid instruction with the start of the Endo/Repro block for the first year students that would be similar to the instructional model used last fall. It would include
	1. In person anatomy lab and practical exam
	2. Hybrid Longitudinal Group
	3. In person Longitudinal Practice as able
	4. In person written assessments
	5. Moving towards in person OSCEs as able
	6. In person small groups as able
2. Dr. Kopechek asked what was known regarding transmission of Covid during learning activities this past fall. Dr. Lynn said that Covid cases until November were due to exposures outside of OSU. When rates increased in November, it was harder to know where Covid positive students had contracted the virus. Dr. Macerollo noted that studys on transmission in school settings indicate that current school environments are not prone to frequent transmission. Dr. Quinn shared students who participated in anatomy labs and were later found to be Covid positive did not transmit Covid to others in the labs.
3. Dr. Macerollo asked if students may have given up their in town living arrangements for this year. Dr. McCallister had previously made it clear to the first-year students that we were hoping to bring them back for the Endo/Repro block, so they were adequately informed. Dr. Lynn noted that those seeking residency status would need to maintain their living arrangements for that reason as well. Dr. Curren shared results of a poll that was done for first year students and only a small minority were not living in Columbus during through the pandemic.
4. Dr. Curren and Dr. Quinn both are hearing that first-year students seem to be hoping to return to class. Ms. Spieth affirmed this as well.
5. Dr. Danforth said that they would defer to the OSCE working group on whether OSCE SPs could be present in person or continue to participate through telehealth visits.
6. Dr. McCallister requests that the Med 2 Professional Development Week be 100 % virtual but not 100% pre-recorded. Dr. Grieco has shared that it is not possible to get all sessions pre-recorded. Dr. Macerollo pointed out that specialty presenters are motivated by direct contact with students, and it may be hard to recruit when these are virtual. Dr. McCallister suggested that further discussion for this take place at Part 1 APC.
7. Dr. Rundell shared the recommendations from Med 2 student task force. She reviewed the learning objectives, assessments and TLMs that were difficult achieve or postponed altogether when Longitudinal Practice was changed to telehealth and later suspended. The goal is to adequately prepare students for the start of Part 2. Comparison of OSCE data (clinical reasoning, communication, professionalism) and CPAs between this year’s second year students and last year’s showed no differences in performance. Nearly all students have completed their Direct Observation of Competence assessments. The task force recognized that all remaining learning objectives could be accomplished through:
	1. One extra LP session for each student during the first Part 2 ground school to practice a complete history and development of an assessment and plan. Sufficient preceptors are available
	2. LG chronic care case studies to review chronic care management and practice an oral presentation
	3. A supplemental Host Defense OSCE station where students would have a graded oral case presentation after viewing a recorded patient visit.
8. Ms. Witcher said that many second-year students do not feel confident about their level of their physical exam skills. Dr. Rundell replied that task force had discussed this and found that the largest concern was the physical exams for Endocrine and Reproduction. This concern has been forwarded to Part 2 so that they can provide more opportunities for practicing these exams. She also shared that they are open to providing optional physical exam instruction, practice and feedback for students who are willing to return from vacation a week or two before Part 2 ground school in order to participate. Dr. Tartaglia suggested that it may be possible to put together some short physical exam sessions during ground school. Dr. Curren said the results of the task force survey of second year students was that most believed they did not need extra physical sessions, especially at the expense of vacation time.

## Action Items

1. The ECC voted to return to hybrid instruction and assessment for first year students starting with the Endo/Repro block
2. The ECC voted to approve the plan proposed by the Med 2 Student Task Force.

# Item 7, LCME Compliance Update

**Presenter: Dr. Kim Tartaglia**

## Discussion

1. Dr. Tartaglia discussed the elements reviewed over the past year, the data sources used, and the actions taken to improve compliance. These included
	1. 3.5 Learning Environment– consistent follow up on mistreatment reports and recognition of positive contributions to the learning environment
	2. 9.8 Timely Assessments- dashboard developed
	3. 9.1 Preparation of Resident and Non-Faculty Instructors- orientation and compliance with teaching and feedback modules
	4. 10.5 Technical Standards- were revised and updated
	5. Development of LSI Dashboard- included elements requiring monitoring and are regularly recorded
	6. Internal Review of the Curriculum
	7. Step 2 CS Task Force- developed recommendations
2. Elements proposed for review and improvement for 2021-22
	1. 4.4 Feedback to Faculty- Reports on how many faculty are reviewing their teaching reports
	2. 6.3 Self-directed Learning- further strengthen this area
	3. Development of Faculty Handbook of Policies
	4. IT Support of Curriculum
3. Dr. Kopechek asked how residents and fellows are prepared to teach at affiliated institutions. Dr. Tartaglia noted that these residents and fellows have been given free access to modules in FD4ME and that each program can create their own programs for their residents and fellows. Dr. Tartaglia with follow up with the person responsible for Element 9.1 in the self-study and have them follow up on this.
4. Dr. McCallister asked how our self-study will impact LCME compliance CQI. Dr. Tartaglia said that she would prioritize any items that the self- study identifies as needing to be addressed.

## Action Items

The ECC appreciated the work Dr. Tartaglia has done on LCME compliance and had nothing to add to her plan at this time.

# Item 8, LSI MICRO update

**Presenter: Dr. McCallister**

## Discussion

1. Faculty Education Handbook Update- members of MICRO are editing
2. CLO management in Vitals- assigned to Directors of Competency
3. Covid impacts on Part 1 curriculum and recommendations- discussed
4. Approved PCT students to continue with clinical encounters
5. Approved continuing the pilot of portfolio ultrasound for educational use
6. Recommended changing scoring for Academic Standing Report to use the most recent scores when a student repeats curricular units rather than having it averaged with the first score.
7. Inter-professional Collaboration Directory of Competency Report was presented by Dr. Curren
8. Medical student role in care of patients with Covid was discussed
9. Mapping of TLMS and assessments to CLOs was discussed and follow up requested
10. Med 2 Student Task Force report was presented

## Action Items

The ECC voted to approve the change in scoring for the Longitudinal Academic Standing Reports to allow the most recent scores to be used in calculating the student scores.

# Item 9, Interprofessional Collaboration

**Presenter: Dr. Meara and Dr. Frankel**

## Discussion

1. New Health Professions IPE task force is being led by Vice Chancellor Dr. Andrea Pfeifle and has developed their own learning objectives.
2. Dr. Curren is integrating the IPE Task Force documents with OSUMC CLOs specifically needed by physicians (i.e. team leadership). This is currently in draft form.
3. Dr. Kopechek and Dr. Tartaglia emphasized the need for robust outcomes measures and assessments for Inter-professional Collaboration. Dr. Curren said that we do have some assessments in place but is open to ideas on how to bolster these.

## Action Items

1. The ECC appreciated Dr. Curren’s work on the Inter-professional Collaboration competency and affirmed the need to integrate the IPE Task Force objectives with the medical school CLOs and continue work on creating outcome measures and assessments.

# Item 10, Concluding Announcements

**Presenter: Dr. Kopechek**

## Discussion

1. An ad-hoc ECC meeting is scheduled for February 2 nd to hear Dr. Kirshner’s report on the MSTP Program and Dr. Westman’s report on LCME readiness.
2. The LSI Retreat for ECC and MICRO is scheduled for February 19th. Please send Dr. McCallister or Dr. Kopechek any issues that should be addressed at the retreat.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Jack Kopechek, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 02/02/21
Location: Zoom
Call to Order: 4pm
Adjourned: 5:01pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Jack Kopechek | Chair, Faculty member | Y | Y |
| Melissa Quinn | Chair, Academic Review Board | Y | Y |
| Paige Spieth | 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 | N |
| Ron Harter | Chair, Clinical Science Department | Y | N |
| Kim Bjorklund | Faculty Member | 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 | Y |
| Leon McDougle | Academic Program Director, Associate Dean Diversity | Y | N |
| Alexa Meara | Faculty Member | Y | N |
| Charissa Newkirk | Med Student Representative | Y | N |
| Elisa Bradley | Faculty Member | Y | N |
| Bryce Ringwald | Med Student Representative | Y | Y |
| Jonathan Schaffir | Faculty Member | Y | N |
| Kim Tartaglia | LCME Compliance Officer, Academic Program Director, Part Two | Y | N |
| Kristina Witcher | Med Student Representative | Y | Y |
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## Additional Attendees

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Joanne Lynn | Associate Dean, Student Life | N | Y |
| Judith Westman | LCME Faculty Accreditation Lead | N | Y |
| Lawrence Kirschner | Medical Scientist Training Program Director | N | Y |
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## Agenda Items

| **Agenda Item**  |
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| Item 1, Medical Scientist Training Program |
| Item 2, LCME Update |
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# Item 1, Medical Scientist Training Program- Dr. Lawrence Kirschner

## Discussion

1. Dr. Kirschner provided an overview of the MSTP program and reviewed student characteristics, performance metrics and student accomplishments.
2. Several changes to the summer Host Defense block were reviewed. These changes will enable students to better focus on this block through the summer.
3. The OSU MSTP program attracts a large number of applicants from throughout the U.S. including 15% from URM applicants.
4. The grant renewal has been submitted with plans to increase the program to 12 new students per year if funded. Otherwise, they will continue with 10 new students per year.
5. Dr. James Rocco was named MSTP Co-Director effective October 2020 (Interim). His emphasis is on career mentoring. A new co-director will be recruited in 2021.
6. An MSTP Alumni Endowment has been created by Chadwick Wright, MD, PhD and Richard Wardrop, MD, PhD. This fund shall be used for any opportunity that might enhance the educational experience of students enrolled in the MSTP.
7. The program includes weekly virtual seminars as well as opportunities for students to meet with program directors.
8. The MSTP program is partnering with OCS to obtain evaluation of the program goals and activities.
9. They are also developing a database for tracking the development of their trainees.
10. MSTP students in collaboration with the Office of Diversity and Inclusion have developed and are implementing an anti-racism plan.
11. Dr. Macerollo asked if there are plans to further increase the size of the program. Dr. Kirshner has no plans to increase the number of new MSTP students beyond 12 per year.
12. Dr. Lacuesta asked why the length of time students spend in the program appears to be getting longer. Dr. Kirshner said there is a national trend towards students needing longer time to complete their PhD.
13. Dr. McCallister asked if there is anything the ECC needs to know in order to help the MSTP students be equally successful in the MD portion of their training. Dr, Kirshner mentioned that providing some career advising that is well informed of residency research pathways would be helpful. The Introduction to Clinical Medicine course has been reported by students to be very helpful. He is working with Dr. Bazan to enable the Host Defense block to proceed more smoothly and ensure that students protect enough time over the summer to adequately cover Host Defense. Dr. Macerollo suggested checking with various departments to identify members who are the most research oriented.
14. Dr. Westman pointed out that state licensure time requirements between Step 1 and Step 3 may affect MSTP students not pursuing biomedical fields.
15. Dr. Kopechek requested data on outcomes of MSTP students compared to MD only track students in Part 2 to help assure that MSTP students are being adequately prepared for learning in the clinical environment after completing their PhDs. Dr. Kirshner is also interested in this and will review this data this year and share it with the ECC.

## Action Items

1. The ECC appreciated Dr. Kirshner’s report and will look forward to reviewing the Part 2 data either before or at the next MSTP presentation to ECC in one year.

# Item 2, LCME UpdatePresenter: Dr. Judy Westman

## Discussion

1. Dr. Westman reviewed the timeline for preparation for the LCME visit March 20-23, 2022 and said we are on track.
2. Teams working on the Data Collection Instrument (DCI) have made good progress and Dr. Westman has started reviewing some of these sections of the report.
3. The Independent Student Analysis (ISA) is now closing. Data should be available soon for those working on the DCI. A final push was made to get the Med3 response rate above 70% (other class response rates were already above 70%)
4. Dr. Westman listed gaps which have been identified during this process
	1. Strategic Planning.- Dean Bradford is launching a formal charter
	2. Diversity of Faculty
	3. Documentation of how we ensure comparable educational experiences and use of medical education program objectives across all sites.
	4. Fair and timely summative assessments- delay in Ring 1 grades in 2020. Need to document our response to this from the task force that addressed it.
	5. Documentation and awareness of some policies- being worked on
		1. Narrative assessment- is central policy needed?
		2. Student advancement and appeal process- for students who are told they need to repeat a academic year by ABRC
		3. Student access to education records- appeals for language of MSPE
		4. Student exposure to blood borne infectious diseases policies/procedures
5. Dr. Khandelwal asked whether we needed outcomes for the strategic plan. Dr. Westman replied that this is not an expectation.
6. Dr. Kopechek mentioned Element 8.7 as being an example of where disseminaton of curricular information is done at rotation level but may need to discuss whether having a more uniform procedure would be beneficial or not.
7. Mr. Ringwald asked how ISA data will make it to the DCI and who will be notified. Dr. Westman said that Sonia Mann will be the main person to manage this. Dr. McCallister asked what kind of response we need to make to ISA data. Dr. Westman said that it depends on the data as to whether something needs addressed or not.
8. Dr.Kopechek asked how the ISA analysis will impact the self-study. Dr. Westman said that the ISA analysis is a separate and parallel report that is sent to the LCME and is kept separate from the DCI other than the raw data.

## Action Items

1. The ECC appreciated Dr. Westman’s update and is supportive of the work being done to enhance our compliance with LCME Standards.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Jack Kopechek, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 02/23/21
Location: Zoom
Call to Order: 4pm
Adjourned: 6:05pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Jack Kopechek | Chair, Faculty member | Y | Y |
| Melissa Quinn | Chair, Academic Review Board | Y | Y |
| Paige Spieth | 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 |
| Kim Bjorklund | Faculty Member | 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 Member | Y | Y |
| Charissa Newkirk | Med Student Representative | Y | N |
| Elisa Bradley | Faculty Member | Y | N |
| Bryce Ringwald | Med Student Representative | Y | Y |
| Jonathan Schaffir | Faculty Member | Y | Y |
| Kim Tartaglia | LCME Compliance Officer, Academic Program Director, Part Two | Y | Y |
| Kristina Witcher | Med Student Representative | Y | Y |
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## Additional Attendees

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Joanne Lynn | Associate Dean, Student Life | N | Y |
| Kristin Rundell | Longitudinal Practice Director | N | Y |
| Alex Grieco | Academic Standing Chair | N | Y |
| Kelly Ann Perry | Director or Student Life | N | Y |
| Laura Volk | Part 2/3 Program Manager | N | Y |
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## Agenda Items

| **Agenda Item**  |
| --- |
| Item 1, Approval of meeting minutes |
| Item 2, Primary Care Tract Annual Report |
| Item 3, Academic Standing Review |
| Item 4, Update on LSI Internal Review |
| Item 5, Micro Report |
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# Item 1, Approval of Minutes from January 26 th and February 2nd – Dr. Kopechek

## Discussion

1. Minutes of the January 26, 2021 and February 2, 2021 meetings were reviewed by the ECC.

## Action Items

1. The minutes from both meetings were approved.

# Item 2, Primary Care Track UpdatePresenter: Drs. Rundell and Macerollo

## Discussion

1. Drs. Rundell and Macerollo reviewed the goals of the OSU Primary Care Track Program, the demographics of the applicants to the program, updates on the students from each cohort and the program highlights, successes and lessons learned.
2. Program goals for 2021 were proposed
	1. Expand the number of students in the program
		1. Increase from four to a maximum of twelve over the next five years
		2. Increase the number of applicants and percentage of students underrepresented in medicine (URM)
		3. Retain 90 % of accepted students in the program
		4. Retain graduates who go on to practice in Ohio
		5. Reduce student loan debt in graduates over the first 5 years
	2. Secure additional funding sources
	3. Establish the PCT program as a fully functioning, independent track in the College of Medicine
3. Mr. Ringwald asked if there were plans to expand the number of Family Medicine Residency training spots. Dr. Rundell and Macerollo replied that the program would look to expand residency spots by including primary care spots in Pediatrics and Internal Medicine.
4. Mr. Ringwald asked if applicants are still limited to those who do not apply to regular OSUCOM track. He also said that a change in policy to allow application to both programs would increase the number of applicants. Dr. Macerollo replied that they cannot handle an excessive number of applicants at this time and this policy helps limit that.
5. Laura Volk asked if the number of seats per medical school class will increase with an increase in the number of PCT students. Dr. Macerollo said that is not yet determined and will need to be discussed with the deans.
6. Dr. Lacuesta asked if there is feedback from the residency program on how the PCT graduates are doing. Dr. Rundell said that anecdotally, the PCT residents seem to be a bit more prepared from having worked in the system previously and early studies elsewhere show that 3-year program graduates are equally prepared as 4-year graduates. Dr. Macerollo added that studies also show equal burnout rates between these two groups.
7. Dr. McDougle asked what colleges URM applicants are coming from. Dr. Macerollo said she can get that information if needed. They are working with SNMA and LMSA to increase applicants from URM students. She also said that the PCT program uses the same application process of the rest of the college of medicine.

## Action Items

1. The ECC voted to approve the proposed goals for the PCT program.

# Item 3, Academic Review Process Committee Update

# Presenter: Dr. Grieco

# Discussion

1. Dr. Grieco gave a brief overview of the Academic Review Process Committee (ARPC), reviewed the action plan from 2020, detailed the restructuring of the ARPC and provided a synopsis of the meeting proceedings for the current academic year.
2. Proposed Action Plan for 2020-21:
	1. Two-way trackable conflict of interest forms have been introduced for level two and level three committees.
	2. Educational contracts have been developed for level two committees. Planning is underway to distribute the review of student educational contracts amongst curriculum leadership.
	3. Establish pre-emptive level one student review meetings for various circumstances.
	4. Identify metrics that mark quality of specific elements of the student review process
	5. Study characteristics of students at each of the three levels of student review
	6. Improve faculty development of student review faculty
3. Mr. Ringwald asked if curriculum changes are ever advised based on student experiences discussed during student review. Dr. Grieco mentioned that feedback is welcome, but that ARPC does not have authority to change curriculum. They can forward feedback to the academic programs, however. Dr. McCallister noted that program annual reports are when data is presented. This would be a good place for place for discussing needs for adjustments in the curriculum.
4. Dr. Lacuesta asked about implicit bias training for level two and three student review committee members. Dr. McDougle referred to the Implicit Bias Train the Trainer program as a resource. Dr. McDougle also proposed that implicit bias mitigation training be a requirement of members of our level two and three student review committees and that it be put in place for the start of the 2021-22 academic year.

## Action Items

1. The ECC voted to approve Dr. Grieco’s proposed action plan for the ARPC with the addition of requiring implicit bias training for all level two and level three student review committee members by the start of the 2021-22 academic year.

# Item 4, Summary of Director of Competency Report on Practice-based Learning and Improvement (PBLI)

# Presenter: Drs. Macerollo and Eapen

## Discussion

1. Drs. Macerollo and Eapen summarized the PBLI Director of Competency Report presented at MICRO on February 12, 2021 and reviewed the assessments for each PBLI competency. Some competencies (3.1, 3.2, 3.3, 3.5, 3.6, 3.8 have multiple assessments while others have fewer or less robust assessments (3.4, 3.7, 3.9, 3.10)
2. LCME Element 6.3 is being addressed in Longitudinal Group through assignment of individual clinical reasoning case worksheets and through the Portfolio Individualized Learning Plan assignment.
3. There are several curricular learning outcomes (CLOs) that are already being addressed by CLOs in other competency domains and some PBLI competencies that are considered more appropriate for GME than UME
	1. Some 3.7 CLOs are already covered by Patient Care and Interpersonal Communications CLOs
	2. The patient education aspect of Competency 3.8 is covered by Patient Care CLOs, whereas the education of other trainees was considered more appropriate for GME.
	3. Competency 3.10 was deemed more appropriate for GME.
4. Proposed goals for 2021-22
	1. Work with LCME QI lead to bolster TLMS for Element 6.3
	2. Explore ways to improve assessment of some of the less assessed competencies
5. There was not time to discuss the in detail whether group assessments are adequate to demonstrate competency such as for 3.9. Dr. Macerollo advised that we examine this further. Dr. McCallister recommended planning further discussion of this question and MICRO. Dr. McDougle mentioned that in team-based learning individual assessment can be addressed by asking individuals to report what aspects they contributed.

## Action Items

1. The ECC voted to approve the 2021-22 goals for PBLI
2. The ECC also voted to delete competencies 3.8 and 3.10 and their related CLOs and CLO 307.02.01 and 307.03.01.
3. Dr. McCallister will produce an updated document of the current OSUCOM competencies

# Item 5, Update on Implementation of the LSI Internal Review Recommendations Presenter: Dr. McCallister

## Discussion

1. Dr. McCallister updated the ECC on the progress made towards implementing the LSI Internal Review recommendations. High priority items have been addressed first:
	1. Accurate mapping of CLOs to assessments and TLMs in Vitals- nearly complete (finishing up Knowledge for Practice CLOs)
	2. Making CLOs usable to faculty and students- discussed at recent curriculum retreat and action items identified
	3. Updates to ARPC- completed
	4. Vitals database to track reports of student mistreatment- early in process, plan to implement August 2021
	5. Dissemination of resident and faculty teaching evaluations to teachers every 6 months with central monitoring of who has reviewed their data. Every 6 month dissemination is now in place.

Working on central monitoring- to be completed August 2021

* 1. Implementation of programmatic peer review and educator portfolios- deferred to 2021-22.
	2. Develop plan to vertically integrate some Knowledge for Practice CLOs with internally developed measures.

## Action Items

1. No actions were taken by the ECC.
2. Will plan another update for the ECC in September 2021.

# Item 6, LSI MICRO update

# Presenter: Dr. McCallister

## Discussion

1. Dr. McCallister reviewed the MICRO report from February 12 th.
	1. Approved final version of the faculty handbook with recommendation of yearly review by the associate deans with revisions as needed
	2. Director of Competency Report, Practice-based Learning and Improvement- approved moving proposals to ECC
	3. Part 1 Completion: Medical Student Task Force- already approved by ECC
	4. Part 1 Academic Calendar for Class of 2025- approved
	5. Timely Grades Task Force- approved recommendations
		1. Assign grade approval to managers in each curricular area
		2. Use automatic notifications in Vitals
		3. Change internal grade due date to five weeks across all courses (allows for one week buffer before maximum timed allowed
2. ACLS course availability has been reduced due to COVID restrictions. Dr. McCallister requested that we waive the requirement that all students be ACLS certified prior to entry into Part 2 for the 2021-22 academic year. They do plan to get all students certified by the end of June.
3. Many Part- 2 students have accumulated excused absences due to Covid related factors such as delayed Step 1 study, student illness or quarantine, family member illness or death, other extenuating circumstances. Minimal clinical requirements had been approved Spring 2020 for students completing Part 2 in the last academic year. Dr. McCallister proposed that current Part 2 students with excused absences may opt to complete the minimum clinical requirement for one unit. Further modification of individual student requirements would require referral to ABRC.
	1. Ms. Witcher asked if some Part 3 rotations could be applied to meet the Part 2 requirements. Students are concerned that graduation could be delayed. Dr. Tartaglia mentioned that excused absences were granted this year on the understanding that students would make up this time. Most students have no more than 2-4 weeks of needed make-up time and can accomplish this by the end of May. Since most students have already completed their Advanced Competency, they have an extra flex month available which can be used for make-up rotations. Dr. Macerollo concurred that students who missed more time will need the makeup time to be successful in residency. Ms. Witcher asked if there will be space in May and June to accommodate student make-up time. Dr. Tartaglia is working to make sure that students will get the necessary make-up time. Dr. Lacuesta asked what the usual amount of excused absence time. Dr. Tartaglia said it is usually 4 days per ring.

## Action Items

1. The ECC voted to approve waiving of the requirement that students be certified in ACLS before starting Part 2 for the 2021-22 academic year.
2. The ECC approved by majority vote the option for students to apply the minimum clinical requirement for one Part 2 unit for the 2020-21 academic year.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Jack Kopechek, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 03/23/21
Location: Zoom
Call to Order: 4pm
Adjourned: 5:44pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Jack Kopechek | Chair, Faculty member | Y | Y |
| Melissa Quinn | Chair, Academic Review Board | Y | N |
| Paige Spieth | 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 |
| Kim Bjorklund | Faculty Member | 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 Member | Y | Y |
| Charissa Newkirk | Med Student Representative | Y | N |
| Elisa Bradley | Faculty Member | Y | N |
| Bryce Ringwald | Med Student Representative | Y | Y |
| Jonathan Schaffir | Faculty Member | Y | Y |
| Kim Tartaglia | LCME Compliance Officer, Academic Program Director, Part Two | Y | Y |
| Kristina Witcher | Med Student Representative | Y | N |
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## Additional Attendees

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Kelly Ann Perry | Director or Student Life | N | Y |
| Cynthia Leung | Associate Director, Evaluation & Assessment | N | Y |
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## Agenda Items

| **Agenda Item**  |
| --- |
| Item 1, Approval of meeting minutes |
| Item 2, Discussion of Step One Results |
| Item 3, Needs Assessment for OSCE’s in Part 3 |
| Item 4, Summary of Patient Care Competency Report |
| Item 5, Post Baccalaureate Program (MEDPath) |
| Item 6, Micro Report |
|  |
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# Item 1, Approval of Minutes from February 23 and Review of LSI Monitoring Dashboard– Dr. Kopechek

## Discussion

1. The ECC reviewed the February 23, 2021 meeting minutes. No changes were suggested.
2. There were no points of concern from the LSI Monitoring Dashboard

## Action Items

1. The minutes from February 23, 2021 were approved.

# Item 2, Discussion of Step One ResultsPresenter: Dr. Leung

## Discussion

1. Dr. Leung presented the Step 1 results for the 2020 calendar year.
	1. The pass rate and average score for OSU students increased this year and remains above the national averages.
	2. The scores by content category showed OSU students performing at or above the national norms for each category.
	3. Dr. McCallister mentioned that we do not yet have scores for six of last year’s M2 students.
	4. Dr. Macerollo asked how many students from this class took Step 1 after January 1 st this year and therefore were not included in this analysis. Dr. McCallister said it was about twelve.

## Action Items

1. The ECC appreciated Dr. Leung’s report. No actions were taken.

# Item 3, Needs assessment for OSCEs in Part 3Presenter: Dr. Leung

## Discussion

1. The OSCE Needs Assessment Task force was charged by the ECC with addressing whether the pertinent CLOs are being adequately addressed by the curriculum OSCEs. This was of particular interest due to the discontinuation of Step 2 CS.
2. The task force identified all pertinent CLOs, mapped these to current assessments and then broke these down specific OSCE tasks in order to identify gaps.
3. Recommendations for Part One included:
	1. Add assessment of neurological physical exam via PETA
	2. Add comprehensive H&P to end of Part 1. (Logistically easiest to replace 2 of 4 existing cases with single longer case in Host Defense)
	3. Enhance assessment of Professionalism and Communications by adding additional questions and/or using an expanded scale of behavioral anchors for the SP assessment
	4. Consider adding a traditional (non-PETA) case to Bone & Muscle OSCE to offer opportunity for assessment of the MSK Review of Systems
	5. Consider expanding use of simulated abnormal physical exam findings
4. Recommendations for Part 2 included:
	1. Expanding and enhancing the existing Part 2 OSCEs rather than adding an additional summative OSCE.
	2. Consider hybrid approach with some stations scored via direct observation and written note to allow for faculty feedback on Physical Exam, Professionalism and Communication skills.
	3. Enhance assessment of Professionalism and Communications by adding additional questions and/or using an expanded scale of behavioral anchors for the SP assessment.
	4. Augment assessment of physical exam skills with PETA or faculty via direct observation during OSCE
	5. Consider expanding range of cases.
	6. Consider expanding use of simulated abnormal physical exam findings
5. Recommendations for Part 3 OSCEs or simulations included:
	1. EPAs 4, 8, 11: Add a scoring rubric or use existing mini-I scoring rubrics in summative fashion to be incorporated in mini-I grade and/or for competency determination
	2. EPAs 4,8,10: Add second opportunity for formal assessment
	3. Consider use of OSCEs or simulation for remediation as appropriate
6. Dr. Macerollo asked whether some elements of the assessment would end up being counted twice by having them assessed by their note and by observation. Dr. Leung responded that performing a skill appropriately and documenting it successfully are somewhat different skills.
7. Dr. Khandelwal as a residency program director challenged us to consider how to bolster our ability to report student attainment of EPAs with confidence. Dr. Macerollo and Dr. Leung mentioned milestone reports that go out after the Match. In these some EPAs are thoroughly assessed while others are much less assessed. Dr. McCallister pointed out that we also need to look at how well we are disseminating this through the MSPE. Dr. Leung noted that many EPA assessments occur after the MSPE is completed.

## Action Items

1. The ECC voted to adopt the OSCE task force recommendations as our action plan.
2. Further discussion on the thoroughness of EPA assessment in the curriculum will be planned for a later meeting.

# Item 4, Summary of Patient Care Competency ReportPresenter: Drs. Bjorkland and Lacuesta

## Discussion

* 1. An overview was provided of how Patient Care CLOs are addressed in the curriculum.
	2. The previous year’s action plan was reviewed. Some actions were completed, others are in process and a couple were tabled due to cancellation of Step 2 and change to virtual learning format due to the pandemic.
	3. Actions included curricular mapping. clinical reasoning practice and ECG interpretation
	4. Student patient care competency outcomes are stable with a small percentage of “unmets” requiring remediation.
	5. Recommendations for this year’s action plan:
		1. Vitals integration: Map CLOs to TLMs (July 2021)-Part 1 in process; part 1 course directors to ensure accuracy. (Part 2, 3 completed)
		2. Vitals integration: Map CLOs to Assessments (July 2021) in process—direct observations and clinical performance evaluations
		3. Create process for maintaining accuracy in Vitals mapping (December2021)- in process-discussion on standardized approach in APCs and with DoCs. Create Vitals report to better depict curricular experience
		4. Improve students’ ability to interpret arrhythmias on ECG in Part 2 (2021-2022). Re-assess after ring 3 interventions: ECG guide, 6 practice quizzes, EE for additional coaching
		5. Improve physical exam teaching and assessment (VF, CN, neuro exam)- Summative OSCE Task force recommendations: Add OSCE to end of part 1, Increase rigor part 2 OSCE. Consider additions: comprehensive neuro exam, optional PE review session before part 2, end of part 2 OSCE
	6. Dr. Lacuesta noted that reporting on the full gamut of assessments will provide program directors the most accurate description of graduate abilities.

## Action Items

1. The ECC voted to adopt Dr. Graham’s action plan for the next year

# Item 5, Post Baccalaureate Program (MEDPath)Presenter: Dr. McDougle

## Discussion

1. Dr. McDougle announced that the Med Path program oversight will be transitioning to Dr. McCallister this year.
2. Program accomplishments and improvements were highlighted
	1. 10 or 14 students were successful at achieving program GPA and MCAT goals. Scores have steadily increased over the past decade.
	2. 14 MedPath graduates who took Step 1 this year passed on their first attempt. (2 still need to take the exam)
3. There was some student dissatisfaction with decisions to maintain the program’s current GPA and MCAT score requirements.
4. Course feedback was generally positive.

## Action Items

1. The ECC congratulated and thanked Dr. McDougle for his 19 years of outstanding service through the MedPath program.

# Item 6, LSI MICRO update

**Presenter: Dr. McCallister**

## Discussion

## Action Items

1. The ECC voted to return to hybrid instruction and assessment for first year students starting with the Endo/Repro block
2. The ECC voted to approve the plan proposed by the Med 2 Student Task Force.

# Item 7, LCME Compliance Update

**Presenter: Dr. Kim Tartaglia**

## Discussion

## Action Items

The ECC appreciated the work Dr. Tartaglia has done on LCME compliance and had nothing to add to her plan at this time.

# Item 8, LSI MICRO update

**Presenter: Dr. McCallister**

## Discussion

1. Dr. McCallister informed the committee of:
	1. The new appeals process for students who wish to appeal adverse academic actions other than dismissal by level two student review committees.
	2. The new module on Historical Origins of Race Based Medical Misconceptions will be implemented and studied during the Endo/Repro block.
	3. Program specific mapping on competencies on Disability for Health Care Education has been identified and will be presented to each academic program.
2. Action Items recommended from the LSI ECC/MICRO retreat:
	1. Add section to Faculty Handbook describing PCRS, CLOs and learning objectives- completed by Dr. Westman.
	2. Development of best practice resources and faculty guides to assist faculty in mapping of CLOs to TLMs- Dr. Danforth and Curren and Westman to champion with completion August 2021
	3. Develop best practice resources for incorporating foundational sciences throughout curriculum and key assessments. Champions to be identified by each Academic Program (Anticipated completion: June 2022)

## Action Items

1. The ECC voted to adopt the recommended action plan.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Jack Kopechek, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 04/27/21
Location: Zoom
Call to Order: 4pm
Adjourned: 5:44pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Jack Kopechek | Chair, Faculty member | Y | Y |
| Melissa Quinn | Chair, Academic Review Board | Y | Y |
| Rosevine Azap | 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 |
| Kim Bjorklund | Faculty Member | 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 | N |
| Alexa Meara | Faculty Member | Y | N |
| Charissa Newkirk | Med Student Representative | Y | N |
| Elisa Bradley | Faculty Member | Y | N |
| Vikas Munjal | Med Student Representative | Y | Y |
| Jonathan Schaffir | Faculty Member | Y | Y |
| Kim Tartaglia | LCME Compliance Officer, Academic Program Director, Part Two | Y | Y |
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## Additional Attendees

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Kelly Ann Perry | Director or Student Life | N | Y |
| Joanne Lynn | Associate Dean for Student Life | N | Y |
| Alex Grieco | Academic Standing Chair | N | Y |
| Tasha Posid | Chair, Advanced Technology Taskforce | N | Y |
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## Agenda Items

| **Agenda Item**  |
| --- |
| Item 1, Approval of meeting minutes |
| Item 2, Advanced Technology Taskforce |
| Item 3, Match Results |
| Item 4, Micro Report |
| Item 5, Summary of Personal and Professional Development Competency Report |
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# Item 1, Welcome of New Students, Approval of Minutes from March 23 and Review of LSI Monitoring Dashboard– Dr. Kopechek

## Discussion

1. The new student representatives to ECC were introduced: Rosevine Azap and Vikas Munjal. Other students representatives not in attendance today are Paige Spieth and Nayanika Challa.
2. The ECC reviewed the March 23, 2021 meeting minutes. No changes were suggested.
3. There were no points of concern from the LSI Monitoring Dashboard

## Action Items

1. The minutes from March 23, 2021 were approved

# Item 2, Discussion of Step One ResultsPresenter: Dr. Leung

## Discussion

1. The aim of the task force was to develop a report regarding how technology is currently used to augment the doctor-patient relationship, future directions, and ways this can be integrated into the curriculum.
2. Dr. Posid shared an overview, update on current technology usage at OSUCOM, areas for development and task force recommendations for each of the following technology topics:
	1. Communication with Patients
	2. Application and Practice
	3. Skills-Based Education
	4. Social Media
3. ECC members expressed their gratefulness for the thorough analysis of the task force and for the well-organized presentation by Dr. Posid.
4. Dr. Danforth recommended that the written report include a prioritization of which recommendations should be focused on.
5. Dr. McCallister pointed out that best practices do not yet exist for many uses of technology and that the task force’s work might be an impetus for the field of medicine as a whole to work on developing best practices in these areas.
6. Ms. Azap recommended that the college help first year students learn how to integrate outside educational resources and technologies with their curriculum resources.
7. In regards to prioritization, Dr. Kopechek advised that the task force report distinguish what technology use students “need to know” (thus a high priority) vs. uses that are “great opportunities” and will have the greatest impact and are most feasible (next highest priority).
8. Dr. Lacuesta mentioned that technology may help fill gaps in inclusive and diverse experiences.
9. Dr. Schaffir pointed out that the recommendations tended to fall into two broad categories; technology that assists us with patient care and technology that assists us with teaching. He recommended that we prioritize the technologies that are used for patient care.

## Action Items

1. Dr. Posid will incorporate the ECC feedback into her written report which will be submitted to the ECC chair for further discussion and action by the ECC.

# Item 3, 2021 Match ReportPresenter: Dr. Joanne Lynn

## Discussion

1. Dr. Lynn shared Match data both nationally and for OSUCOM students.
	1. Students are matching at lower rates both nationally for US seniors and for OSUCOM students.
	2. Students who match had an average of 14 programs ranked.
	3. At OSU this year, 12 students (6.2%) -did not match pre-SOAP
		1. Ophthalmology, plastic surgery and anesthesiology were particularly difficult for our students to match into.
		2. Nine of these students found positions in the SOAP
		3. Of the eight students that did not match in 2020, six matched this year.
	4. Challenges for the 2022 Match include:
		1. Away Rotations –limited to one per student, some confusion about details –may cause stress for students
		2. Timeline–Changing ERAS application date and MSPE release date to be the same –late September
		3. Interviews-Questions of whether they will be in person, virtual or both
2. Dr. Khandelwal updated the ECC that a recent Coalition for Physician Accountability white paper suggested that 2021-22 interviews should all be virtual. Dr. Lynn questioned how consistently programs will follow this recommendation.
3. Dr. Lacuesta expressed concern for how the US medical education system will deal with the tragic mismatch of graduating students to residency positions.
4. Dr. Tartaglia asked what Match information is provided on the college website. Dr. Lynn noted that names have not be published for security reasons. She will look into what data is being shared on the website.
5. Dr. Lacuesta asked what college supports are provided for students who do not match. Dr. Lynn replied that students can stay in our system for up to six years total not counting work on other degrees and are provided advising services and practice interviews even after graduation.

## Action Items

1. The ECC appreciated the thorough Match report. No actions were taken.

# Item 4, LSI MICRO updatePresenter: Dr. McCallister

## Discussion

1. MICRO voted to suspend administration of our internally developed Student Preparation Evaluation (SPE) in favor of exclusive use of AAMC Resident Readiness survey to avoid redundancy since both surveys are intended to assess our graduates’ readiness for residency.
	1. Recent SPE Average Response Rates: Residency Directors: 50- 60%, Graduates: 30-40%
	2. Similarities between surveys include:
		1. Structure (e.g., Question types, Length)
		2. Overall objective to address readiness for residency
		3. Assess core EPAs
	3. Differences include:
		1. Timeframe: First 9-12 months of residency (SPE). First 6 months of residency (AAMC)
		2. Response Scales: Satisfaction with ability (SPE). Performance met (AAMC).
		3. Open-ended Items: UGME curriculum (SPE). MSPE (AAMC)
		4. Population: Residency directors and graduates (SPE). Residency director only (AAMC)
	4. Gains from the change:
		1. Nationally-normed data for graduate comparisons
		2. ACGME milestone data
		3. Opportunity for higher response rates
		4. Opportunity to reduce response burden
	5. Losses from the change:
		1. Longitudinal tracking and comparison
		2. Graduate’s perspective
2. Dr. Schaffir asked if consideration should be given to sending the SPE to graduating students only to get their perspectives. Dr. McCallister pointed out that we are getting a very low response rate and are no longer making many curricular changes based on this survey. Dr. Kman said that we have previously had better response rates to the SPE and suggested that more investment into OCS support could result in improved response rates. He asked whether we will be remiss to not collect perspectives from our graduates or that perhaps the AAMC Graduate Questionnaire that we do participate in already fulfills that need. Dr. McCallister agreed that we might want review the Graduate Questionnaire (GQ) and identify any questions that we would want our graduates to address that are not on the survey.
3. Dr. Kman asked whether surveying the program directors on the use of the Feed Forward letter will need to be discontinued. Dr. McCallister said that can continue since it is part of a research project.
4. Dr. Khandelwal suggested that the AAMC provide a convenient mechanism to provide residency directors with their residents’ MSPE when they are completing the survey. Dr. McCallister said she will share Dr. Khandelwal’s feedback with the AAMC when she has the opportunity.

## Action Items

1. The ECC voted to approve replacing the Student Preparation Evaluation with the AAMC Resident Readiness Survey and will utilize this survey as a curriculum outcome measure for several of the competency domains, especially for Patient Care and Professionalism.
2. Dr. Kopechek will follow up with college administration to assure that there are adequate OCS resources to support this survey.

# Item 5, Summary of Personal and Professional Development CompetencyPresenter: Drs. Khandelwal and Harter

## Discussion

1. Dr. Khandelwal shared his and Dr. Harter’s analysis of Dr. Pfeil’s Director of Competency Report to MICRO on the Personal and Professional Development competency domain.(PPD)
	1. The Personal and Professional Development competencies and curricular learning outcomes (CLOs) were reviewed.
	2. Current state includes a Part 1 selective that involves a small number of students. There is no explicit curriculum in Part 2. Part 3 AMRCC includes many self-reflections and responses to prompts. Assessments seem limited to completion of tasks.
	3. Dr. Pfeil’s goals included:
		1. Assess the assessments
		2. Continue to identify additional opportunities for assessment of progression
		3. Further explore opportunities for PPD curriculum and assessment Part 1-2
		4. Remediation –how to identify and support learners
	4. Analysis
		1. This is an important domain of competence. Where should students be at the time of graduation?
		2. Narrow focus of goals to one or two goals/competencies for now and build on to those at a later time.
		3. Can Learning Communities be leveraged to teach this domain?
		4. Assessment is difficult. It will need to be longitudinal, observational and introspective. Is there a way to partner with GME programs so students see the importance of this domain.
		5. Dr. Pfeil has given tremendous thought to the domain and her work thus far shows great promise.
2. Dr. Harter advised that this competency might lend itself well to small group settings.
3. Mr. Munjal notes that as a first year student that he learns a good bit of this domain through role modeling in his LP. He does not see anywhere that this is being assessed however.
4. Ms. Azap observed that some Learning Communities do not have much of an agenda which has some advantages in regards to meeting the current needs of the students but that discussing PPD topics in Learning Communities would also be helpful in making the discussions more objective and uniform across the different groups. She also concurs with the idea of connecting with GME to enable students to see how these competencies play out over the full span of training.
5. Dr. McCallister pointed out that Learning Communities are not a curricular element and that bringing in PPD topics may change the nature of Learning Communities and would thus need more discussion.
6. Dr. Khandewal reemphasized the need to identify where we really expect students to be in this competency at the time of graduation and is feasible to assess longitudinally.
7. Dr. Curren mentioned that peer or near-peer assessment could be a good way to assess many of these competencies.

## Action Items

1. The ECC voted to accept the recommendations of Drs. Khandelwal and Harter to explore opportunities for where PPD competencies can be taught and skills demonstrated including Learning Communities and to ask Dr. Pfeil to identify two goals/competencies to focus on for this year.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Jack Kopechek, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 05/25/21
Location: Zoom
Call to Order: 4pm
Adjourned: 5:59pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Jack Kopechek | Chair, Faculty member | Y | Y |
| Melissa Quinn | Chair, Academic Review Board | Y | N |
| Rosevine Azap | Med Student Representative | Y | Y |
| Camila Curren | Academic Co-Program Director, LSI Part One | Y | N |
| Douglas Danforth | Academic Program Director, LSI Part One | Y | N |
| Binay Eapen | Assistant Dean, Affiliated program | Y | N |
| Wendy Frankel | Chair, Basic Science Department | Y | N |
| Ron Harter | Chair, Clinical Science Department | Y | Y |
| Kim Bjorklund | Faculty Member | 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 Member | Y | N |
| Charissa Newkirk | Med Student Representative | Y | N |
| Elisa Bradley | Faculty Member | Y | N |
| Vikas Munjal | Med Student Representative | Y | N |
| Jonathan Schaffir | Faculty Member | Y | N |
| Kim Tartaglia | LCME Compliance Officer, Academic Program Director, Part Two | Y | Y |
| Kristina Witcher | Med Student Representative | Y | N |
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## Additional Attendees

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Kelly Ann Perry | Director or Student Life | N | Y |
| Dan Clinchot | Vice Dean for Education | N | Y |
| Kavitha Norton | Director of Competency, Interpersonal Communication | N | Y |
| Judith Westman | Faculty Accreditation Lead | N | Y |
| Alessandra Bliss | Med Student Lead for Independent Student Analysis | N | Y |
| Preethi Chidambaram | Med Student Lead for Independent Student Analysis | N | Y |
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## Agenda Items

| **Agenda Item**  |
| --- |
| Item 1, Approval of meeting minutes |
| Item 2, Summary of Interpersonal Communication Competency Report |
| Item 3, LCME Accreditation Independent Student Analysis |
| Item 4, Educational Portfolio and Coaching Program |
| Item 5, Micro Report |
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# Item 1, Approval of Minutes from April 27 and Review of LSI Monitoring Dashboard– Dr. Kopechek

## Discussion

1. The ECC reviewed the April 27, 2021 meeting minutes. No changes were proposed.
2. There were no points of concern from the LSI Monitoring Dashboard

## Action Items

1. The minutes from April 27, 2021 were approved.

# Item 2, Summary of Interpersonal and Communication Skills Competency ReportPresenter: Drs. Kopechek and McDougle

## Discussion

1. Dr. Kopechek summarized the report that Dr. Kavitha Norton (Director of Competency for Interpersonal and Communication skills) presented at the May 14 th MICRO meeting. CLOs for this domain which did not have any TLMs or assessments mapped to them were identified. Suggest goals for 2021-22 included:
	1. Identify or develop at least one TLM and assessment for each of the CLOs currently lacking one
	2. Identify additional opportunities for assessment of progression
	3. Explore opportunities for assessment of aspirational CLOs
	4. Identify how to identify and support learners who need remediation.
2. Dr. McDougle shared recommendations for a number of tools and resources that may enhance our teaching of these skills. These included:
	1. The BATHE and ETHNIC mnemonics for competency 4.1
	2. A call to promote humility when teaching competency 4.4
	3. Emphasis on time management skills and on differential diagnosis, assessments and plans for competency 4.5
	4. Consider use of the University of Iowa toolkit and provided article to teach provision of privacy and safe place during sensitive discussions (competency 4.6) along with training on how to respond to explicit bias
	5. A script for empathizing with patients

## Action Items

1. The ECC voted to adopt the goals suggested by Dr. Norton along with a recommendation that Dr. Norton consider the feedback from Dr. McDougle to see how these resources might be incorporated into the curriculum.

# Item 3, Independent Student Analysis (ISA)Presenter: Dr. Preethi Chidambaram and Alessandra Bliss (M3)

## Discussion

1. The ISA is a critical component of the college’s self-study in preparation for LCME re-accreditation. A student-led committee surveyed fellow students from all four classes in regards to the medical education program, student and educational resources and overall learning environment. They then performed an independent analysis for the data.
2. Analysis of the data identified many strengths and recommendations for improvement which are listed in the submitted slide presentation and will be detailed in the final report when that is submitted.
3. Summary and Future Steps included:
	1. Students see a lot of value out in clinical and hands-on experiences. Other parts of the curriculum could consider modification to include more of this kind of learning.
	2. Dissatisfaction with feedback given to students
	3. Higher levels of dissatisfaction amongst LOA students than students going straight through the curriculum. Could be beneficial to further analyze this trend
	4. Further demographic-specific data and specific comments from students are available for analysis. This may be useful for better understanding issues related to diversity and inclusion.
4. Dr. McCallister asked what the process would be for utilizing the ISA for future considerations by curriculum leaders. Dr. Westman suggested waiting for the final written ISA report before acting on it.
5. Dr. Kman asked if the report could be broken down into program specific items. Dr. Westman recommended that curriculum leadership take on this responsibility.
6. Dr. Kopechek asked for the ISA team’s interpretation of DCI Table 8.5-2 where many pre-clinical students responded “N/A” to the question on medical program response to student feedback. Dr. Chidambaram reported that the ISA team’s interpretation was that this was due to pre- clinical students’ misunderstanding of the question by their thinking it was just addressed to students on clinical rotations. They did not identify this as an item of concern for students.
7. Dr. Lacuesta asked a question about transparency in communication. Dr. Chidambaram responded that the consolidated weekly e-mail from the associate deans has been very helpful for addressing this.

## Action Items

1. Once the final ISA report is submitted, curriculum leadership will disseminate sections of the report to the relevant programs for further consideration and action.

# Item 4, Portfolio and Coaching UpdatePresenter: Dr. Kopechek

## Discussion

1. Dr. Kopechek reviewed the changes made to the program in the past year that were associated with the 2020-21 goals, shared program outcome data and analysis of the data, reviewed recent literature on portfolios and coaching and made recommendations for 2021-22.
2. Strengths included:
	1. Engaged, prepared faculty coaches
	2. Breadth of coaching activity
	3. Coordinator and IT support
	4. Portfolio tied to competencies?
3. Weaknesses included:
	1. Lack of student buy-in by a substantial minority of students (25%)
	2. Complexity of two portfolio system
	3. Validity of Assessments/Inconsistencies in ratings
4. Recommendations:
	1. Continue to provide regular coaching contacts and prioritize coach selection, training and feedback
	2. Maintain reflective portfolio work but reduce constraints and student stress over the project.
		1. Gear prompts around Personal and Professional Development and a menu of optional prompts
		2. Grade more holistically at the end of each Part. Satisfactory/Unsatisfactory. No high stakes assessment.
		3. Eliminate requirement of artifacts
		4. Consolidate to one portfolio
	3. Continue Individual Learning Plan assignments in Part One to foster self-regulated learning (PBLI)
5. Dr. McCallister remarked that student collection of artifacts was an opportunity for students to demonstrate their competency prior to graduation and that this is a critical need in the curriculum. Removal of artifact requirements in the portfolio and would leave a gap that would need to be filled. Dr. Kopechek questioned if other elements of Part 3 could serve as culminating assessments. Another option would be to design a separate opportunity for students to “defend” their readiness for graduation.
6. Dr. McDougle questioned whether further investigation could be done to find out whether it is even possible to satisfy the 25% of students who are currently dissatisfied without reducing benefits noted by the other 75% who say they are benefitting from the program. Will reducing assessment result in less engagement with the assignments? Dr. Kopechek responded that some assessment will need to be maintained in order to keep students invested in portfolio work. Previous attempts to improve student buy-in through educating students on the value of portfolio work have not resulted in increased buy-in.
7. Dr. Khandelwal recalled that the original concept of the portfolio was to put the ownership on the students to prove to faculty that students have achieved the competencies needed for graduation and that this would differentiate us from other institutions. Dr.McCallister agreed but said that our portfolio does not currently reflect this original concept but that this concept could be re-envisioned separate from the portfolio. Dr. Kopechek suggested that there are different kinds of portfolio programs; some are more geared towards reflection and others towards assessment of competency. Ms. Azap commented that she highly appreciates the current portfolio program and discouraged move towards added assessment.

## Action Items

1. Vote on future actions was postponed to the next meeting due to loss of quorum.
2. Absent members will be asked to review the slides and recording from today’s meeting prior to the voting.

# Item 5, MICRO ReportPresenter: Dr. McCallister

## Discussion

1. Dr. McCallister reviewed items covered during the May 14 th MICRO meeting which included:
	1. Director of Competency Report, Interpersonal Communication–

Discussed and approved

* 1. Portfolio and Coaching Program–Discussed and approved proposal to revise Portfolio program with an emphasis on Personal and Professional development. Recommended detailed follow up presentation of revised curriculum with input from Evaluation & Assessment team
	2. Community Health Education Proposal—Class of 2024
		1. Recommended for that 2021 cohort continue with virtual format
		2. Allow teams the option of returning to in-person CHE activities if the Community partner agrees and the Community partner can meet requirements for health & safety as established by OSU
		3. Accommodations will need to be offered to students who wish to continue with virtual participation

## Action Items

1. The MICRO report was appreciated and no additional actions were proposed.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Jack Kopechek, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 06/22/21
Location: Zoom
Call to Order: 4pm
Adjourned: 6pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Jack Kopechek | Chair, Faculty member | Y | Y |
| Melissa Quinn | Chair, Academic Review Board | Y | Y |
| Rosevine Azap | 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 | N |
| Kim Bjorklund | Faculty Member | 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 Member | Y | N |
| Havi Rosen | Med Student Representative | Y | Y |
| Elisa Bradley | Faculty Member | Y | N |
| Vikas Munjal | Med Student Representative | Y | N |
| Jonathan Schaffir | Faculty Member | Y | Y |
| Kim Tartaglia | LCME Compliance Officer, Academic Program Director, Part Two | Y | Y |
| Rohan Mital | Med Student Representative | Y | Y |
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## Additional Attendees

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Kelly Ann Perry | Director or Student Life | N | Y |
| Laura Volk | Part 2 / 3 Program Manager | N | Y |
| Demicha Rankin | Associate Dean for Admissions | N | Y |
| Joanne Lynn | Associate Dean for Student Life | N | Y |
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## Agenda Items

| **Agenda Item**  |
| --- |
| Item 1, Approval of meeting minutes |
| Item 2, Admissions Committee Report |
| Item 3, Proposed Changes to the Portfolio Program |
| Item 4, Element 6.4 Inpatient/Outpatient Experience |
| Item 5, Micro Report |
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# Item 1, Approval of Minutes from May 25, Review of LSI Monitoring Dashboard, Follow up Items– Dr. Kopechek

## Discussion

1. The ECC reviewed the May 25, 2021 meeting minutes. No changes were proposed.
2. Dr. Tartaglia noted a concern from the LSI Monitoring Dashboard. There is is a large number of “pending” competencies on the competencies Met/Not Met for all three programs.
3. The following follow-up items with expected due dates were listed:
	1. ISA final report- June 30 th
	2. Dr. Pfeil’s two PPD goals or competencies for this year- July 15
	3. Technology Task Force Final Report- July 15
	4. Follow up of Equity and Anti-Racism plan- August 2021
4. Best wishes and appreciation were expressed to those faculty who are leaving the ECC: Drs. Frankel, Quinn, Bradley, Danforth and Macerollo.

## Action Items

1. The minutes from April 27, 2021 were approved.
2. Dr. Tartaglia has contacted Amanda Start and Mike Horgan to find out if the dashboard is not refreshing properly.

# Item 2, Admissions Committee ReportPresenter: Dr. Demicha Rankin

## Discussion

1. Dr. Rankin shared the Admissions Committee mission statement and selection process and discussed the virtual interview format that was started during the pandemic.
2. The admissions marketing campaign was successful resulting in a record number of applications (8293)
3. The demographics and qualifications of last year’s entering class were shared. The diversity and academic excellence of the Class or 2024 was highlighted.
4. Optional campus tours for applicants will be made available this year.
5. Adjustments were made for pre-requisite course grade requirements and MCAT requirements that were to only be applied during the pandemic.
6. Virtual Interviews seemed to have more benefits (cost savings, efficiency, and applicant flexibility) than challenges (rare technical issues, communicating college culture). A hybrid interview process is projected for the future.
7. An ad hoc committee will be looking at the impacts of Covid on applicants.
8. Dr. Lacuesta agreed that a hybrid interview format will help with future access to medical school and equity amongst applicants.
9. Mr. Mital asked when and to whom campus visits would be offered. Dr. Rankin replied that the visits will occur at regular intervals throughout the season.
10. Dr. Kopechek asked if student completion of recommended courses was a factor in the admissions process. Dr. Rankin explained that the courses are not used in the admissions process but do help students to be better prepared for medical school.

## Action Items

1. The ECC appreciated Dr. Rankin’s interesting presentation.
2. The ECC did not recommend any changes to the pre-requisite courses.

# Item 3, Proposed Changes to the Portfolio Program

# Presenter: Dr. Kopechek

## Discussion

1. Dr. Kopechek briefly reviewed his analysis of the 2021 portfolio program evaluation. While about a third of students find the portfolio program to be very valuable, about a quarter of students do not perceive the program to be very helpful to them. Narrative comments indicate that students find the most value in their coaching experience. While many appreciate the opportunities for reflection, many students approach the portfolio as just busy work and believe the Part 3 assessment works against authentic reflection.
2. Literature supports the need for coaching, moderate degree of program structure, clinical experience and some kind of assessment in order for a portfolio program to be successful. Review of coaching programs indicated that professional identity formation is now the top goal for coaching programs.
3. The OSUCOM portfolio is a hybrid of reflective, assessment and professional development portfolios. It currently only assesses some Practice-based Learning and Improvement competencies and one Personal and Professional development competency and is used by a minority of students as part of their residency applications.
4. Dr. Kopechek proposed that we make the portfolio one kind of portfolio or the other to eliminate confusion and competing goals. He offered the following proposed changes to the program:
	1. Make the portfolio primarily a reflective portfolio that focuses primarily on Personal and Professional Development while allowing some opportunities for students to reflect on other competencies and topics of their choice.
	2. Remove the requirement for artifacts and phase out the current Part 3 portfolio assessment.
	3. Perform holistic portfolio assessment near the end of Part 1, Part 2 and Part 3.
	4. This will allow students to use the same portfolio platform throughout all four years.
5. Dr. McCallister pointed out that the original design for the portfolio was for it to be an assessment portfolio and serve as a summative assessment of student competency. While the current portfolio serves this purpose to a small degree in assessing some PBLI and PPD competencies, it has evolved into more of a reflective portfolio. Dr. Kopechek expressed a willingness to move the portfolio in whatever direction (assessment or reflective) the ECC chooses.
6. Mr. Mital, shared a student perspective that a portfolio summative assessment may not seem relevant or beneficial to students and it would need to be explained how this would help them to achieve their goals. He shared his experience with reflection on learning and growth and on coaching. He found these meaningful and beneficial to his process.
7. Ms. Rosen requested that if we continue to use the portfolio to address competencies that more description be given of each competency and more freedom be provided in addressing the competencies rather than recommending specific prompts. She also recommended consideration be given to intentional pairing of students with coaches perhaps based on preferred styles of receiving feedback.
8. Dr. Kman commented that the Part 3 portfolio is helpful to student preparation for residency interviews and that he has had a number of students who have used their portfolios to get additional interview invitations. It also helps address the newer competency domains. Dr. Kopechek acknowledged that the current portfolio hybrid does include benefits for some students in regards to residency application.
9. Dr. Lacuesta commented that in talking with residency applicants from OSU she has heard that some students say their portfolio is rarely looked at during the residency application process while others say they have gotten many comments about it. She also shared comments from discussion with other residency program directors. While they find the OSU portfolio impressive, they said they may give it less weight in ranking students because it is a required project and not something the students initiate on their own. (That it is not fully “self-directed”)
10. Dr. Quinn asked whether any peer to peer mentoring is being utilized in portfolio development. Dr. Kopechek replied that the mentoring in the program comes through faculty coaches. However, this year there was an event in the Endo-Repro block where selected graduating students shared one of their portfolio stories with the Year One students.
11. Dr. Kopechek recalled a question from a student in the class of 2016 that asked how a portfolio competency assessment would add to the many assessments already in place in the curriculum. Dr. McCallister agreed that this is a question that would need answered if we move towards more of an assessment portfolio. If we move towards a reflective portfolio, we may need a task force to explore how we can assess student readiness for graduation through a different means.
12. Mr. Mital suggested that students need more reminders of what each competency entails regardless of which direction the portfolio takes.
13. Dr. McCallister and Dr. Kopechek clarified that any changes would not apply to the class of 2022.
14. Dr. Tartaglia reminded the committee that MICRO had approved recommending the changing the portfolio to more of a reflective portfolio. She agreed that the current portfolio does not really serve the goal to being a gateway assessment for graduation and that she would favor basing the portfolio more on reflection of Personal and Professional Development and Practice-based Learning and Improvement and reevaluate the impact of the change in a couple years.
15. Mr. Mital commented that the most valuable aspect of the program is the longitudinal reflective experience with the portfolio coach and that it would be difficult to try to capture or summarize this in a short presentation.
16. Dr. Lacuesta commented that from a GME perspective that programs really value student reflection and its impact on professionalism. They are glad to know that a medical school has a longitudinal program that addresses this because they struggle on how to assess this during interviews.
17. Dr. Tartaglia commented that the Part 3 academic program already has clinical tracks and many assessments using the EPA framework and that these may lend themselves to being organized into a culminating assessment.
18. Dr. Kopechek mentioned that the Directors of Competency may also be able to contribute thought to this process.
19. Dr. Tartaglia commented that the Advancement Committee already plays a role in advancement decisions and may be able to contribute to the strategy on culminating assessment.

## Action Items

1. The ECC approved the proposal to revise the portfolio program by moving it towards a purely reflective portfolio with primary emphasis on Personal and Professional Development for the classes of 2023 and following classes. This would include elimination of artifact requirements and replacement of the current Part 3 portfolio assessment with a more holistic portfolio assessment.
2. The ECC also charged MICRO in cooperation with the Advancement Committee to outline a process for determining how we can verify that all of our students have achieved competency prior to graduation beginning with the class of 2023.

# Item 4, Element 6.4 Inpatient/Outpatient ExperiencePresenter: Dr. McCallister

## Discussion

1. The LCME requires curriculum committees to review the balance of student inpatient and outpatient experiences in their curriculums to ensure there is an appropriate balance for their students.
2. Dr. McCallister displayed a table showing the distribution of experiences during Part 2 and Part 3 of the LSI curriculum.
3. Dr. Tartaglia pointed out that the table shows the distribution of experiences for each student except for the AMRCC Chronic Care rotations where about 20 % of students will do an inpatient rotation and 80% do an outpatient rotation.
4. Dr. Tartaglia asked if we should include Part 1 Longitudinal Practice in the analysis. Dr. McCallister noted that this table is meant to represent “clerkship time”. Dr. Curren noted that the clinical experiences in Part 1 are reviewed elsewhere.

## Action Items

1. The ECC recommended adding some footnotes to clarify some of the nuances of our curriculum but expressed satisfaction with the current balance of inpatient and outpatient experiences.

# Item 5, MICRO ReportPresenter: Dr. McCallister

## Discussion

1. New members of MICRO were introduced.
2. Academic calendars for Part 2 and Part 3 were approved.
3. Corrected Part One Knowledge for Practice data involving number of met and unmet competencies was shared after capturing missing data. After correction, the trend in unmet competencies appears to be unchanged from previous years.
4. Some proposed CLOs that were originally drawn from the USMLE content outline were deemed not appropriate for Part 1. These are being sent to the Part 2 and Part 3 academic programs for their review. If they are deemed inappropriate for those parts they will be deleted.
	1. Dr. Kopechek asked for the academic programs to explain the rationale for why some of these proposed CLOs may not be utilized in our program. Dr. Danforth replied that the academic programs already have some of these outcomes covered in CLOs that were previously approved. Others are meant for preparation for Step 3 and may not be appropriate to cover in our curriculum. A report containing the rationale for rejecting proposed CLOs will be provided to the ECC once the review process has been completed.
5. Campus masking requirements were reviewed.
6. LCME Element 8.5: medical program responsiveness to student feedback was discussed.
	1. Numerous opportunities for student feedback throughout the curriculum is a strength.
	2. Communicating back to the students on actions taken due to student feedback is a challenge.
	3. A large number of Med 1s and 2s responded N/A to the ISA question about medical program responsiveness to student feedback
	4. Strategies to address this include:
		1. Each academic program will post highlights or their responses to student feedback in VITALS annually
		2. The associate deans will continue to send out weekly e- mails that include some high level summaries from academic program decisions
		3. Partnering with student representatives who attend academic program committees.
		4. Dr. McCallister will follow up with the Academic Program Directors and the LCME Leadership Task Force
	5. Dr. Kopechek concurred that the mentioned strategies will be beneficial but clarified that the student leaders of the ISA had commented that the N/As on the ISA question were due to student misinterpretation. Part One students believed the question was aimed only at students who have done clerkships. The ISA committee did not identify “response to student feedback” as an area of concern.
	6. Mr. Mital mentioned that communication of the rationale behind a decison is important when the medical program makes a decision contrary to student preferences. He noted that the weekly e-mails from the associate deans have been effective and are a good model for addressing this. Ms. Rosen reminded us of the role of student council leaders as delegates for communicating medical program leadership decisions to students.

## Action Items

1. The ECC approved the MICRO report. No further actions were recommended.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Jack Kopechek, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 07/27/21
Location: Zoom
Call to Order: 4pm
Adjourned: 6:04pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Jack Kopechek | Chair, Faculty member | Y | Y |
| Courtney Thiele | Chair, Academic Review Board | Y | Y |
| Rosevine Azap | Med Student Representative | Y | N |
| Camila Curren | Academic Co-Program Director, LSI Part One | Y | Y |
| Chris Pierson | Academic Program Director, LSI Part One | Y | Y |
| Binay Eapen | Assistant Dean, Affiliated program | Y | N |
| Phillip Popovich | Chair, Basic Science Department | Y | Y |
| Ron Harter | Chair, Clinical Science Department | Y | Y |
| Kim Bjorklund | Faculty Member | 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 | N |
| Matthew Flanigan | Elected Faculty Member | Y | Y |
| Jennifer McCallister | Associate Dean for Medical Education | Y | Y |
| Leon McDougle | Academic Program Director, Associate Dean Diversity | Y | N |
| Alexa Meara | Faculty Member | Y | N |
| Nayanika Challa | Med Student Representative | Y | Y |
| Megan Conroy | Faculty Member | Y | Y |
| Vikas Munjal | Med Student Representative | Y | Y |
| Jonathan Schaffir | Faculty Member | Y | Y |
| Kim Tartaglia | LCME Compliance Officer, Academic Program Director, Part Two | Y | Y |
| Paige Speith | Med Student Representative | Y | N |
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## Additional Attendees

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Joanne Lynn | Associate Dean, Student Life | N | Y |
| Alex Grieco | Academic Standing Chair | N | Y |
| Laura Volk | Part 2, 3 Program Manager | N | Y |

## Agenda Items

| **Agenda Item**  |
| --- |
| Item 1, Approval of meeting minutes |
| Item 2, Old Business |
| Item 3, Academic Program and Internal Curriculum Review Guidelines |
| Item 4, Student Mistreatment Report |
| Item 5, Part 3 Annual Report |
| Item 6, Micro Report |
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# Item 1, Welcome of new members, Approval of Minutes from June 22 nd-

# Dr. Kopechek

## Discussion

1. New ECC members Drs. Conroy, Flanigan, Popovich, Pierson, Thiele were introduced and welcomed to the committee
2. The ECC reviewed the June 22, 2021 meeting minutes. No changes were proposed other than updating the attendance sheet (page 1)

## Action Items

1. The minutes from June 22, 2021 were approved.

# Item 2, Old BusinessPresenter: Dr. Kopechek

## Discussion

1. Dr. Tartaglia reported that the problem with the LSI Monitoring Dashboard that inaccurately displayed a large number of “pending” competencies on the Competencies Met/Not Met page has now been resolved.
2. Review of the ECC LSI Monitoring Dashboard will be expected by all ECC members quarterly starting in September. Members were encouraged to contact Amanda Start if more training is desired. Amanda.Start@osumc.edu
3. Dr. Pfeil’s two goals for the Personal and Professional Development domain were presented.
	1. Identify at least 3 current curricular assessments that pertain to Personal and Professional Development CLO’s.
	2. Collaborate with Dr. Kopechek in the redesign of the portfolio assignments to develop prompts for student reflection on P&PD competencies.
4. Pre-Graduation Assessment of Competency
	1. Dr. Kopechek recommended that a task force be formed and charged to study and report on this topic by December 31, 2021 as this would provide for a more focused and efficient study of this topic.
	2. The task force would include members of ECC, Part 3 APC, Academic Advancement and Evaluation and Assessment
5. The Technology in Medicine Task Force Final Report has been posted to the ECC Box.
	1. All ECC members were asked to please review this report and e- mail Dr. Kopechek with any suggestions in regards to which goals to prioritize and who should lead the effort to address that goal.

## Action Items

1. The goals for Personal and Professional Development for 2021-22 were approved.
2. The ECC approved creating a Task force to study pre-graduation assessment of competency

# Item 3, Academic Program and Internal Curriculum Review Guidelines

# Presenter: Dr. Kopechek

# Discussion

1. The document outlining our process for reviewing our academic programs and the curriculum as a whole has been updated by Dr. McCallister and was presented for ECC review.
2. Dr. Harter suggested that more clarity be provided in the document on the definition of “academic programs.”
3. Dr. McCallister noted that the definitions of “academic programs” is present in the ECC By-Laws to which this document will be attached. She also clarified that these reviews occur every eight year and are done by appointed committees. These are distinct from the program review reports that the academic program directors provide to ECC annually.

## Action Items

1. The ECC approved the document with the addition of “(Part 1, Part 2 and Part 3)” immediately after the first mention of “academic programs” in the first paragraph of the document.

# Item 4, Student Mistreatment Report

# Presenter: Dr. Joanne Lynn

## Discussion

1. Dr. Lynn recommended moving future Learning Environment Reports to the fall to provide for more timely reporting once data is available.
2. Learning Environment data from the 2020 Graduate Questionnaire was reviewed along with benchmarks for comparison.
3. One area of concern was that our students more frequently than benchmark reported perceptions that they received lower grades due to their gender, race or ethnicity rather than performance (11%)
4. Most perpetrators of mistreatment are clinical faculty, residents, and nurses.
5. Our students’ reporting rate was stronger than benchmark. The most common reasons for not reporting mistreatment were either that it didn’t seem important enough (57%), they didn’t think anything would be done about it (47%) or a fear of reprisal (29%).
6. Several educational interventions directed towards faculty and residents were outlined along with a session for students describing reporting procedures and typical actions taken.
7. There are several new tools in Vitals including low score alerts that help better identify individuals or departments that are repeat offenders. There are also now automatically generated reports to provide timely feedback to all faculty and residents on their teaching.
8. On a larger scale, Dr. Clinchot has commissioned a task force with UME and GME members to make recommendations of steps to improve the learning environment. And Dr. McCallister is working with the Drake Institute on a needs assessment for improving the learning environment in regard to racism.
9. Mr. Mital asked where the questions used in the dropdown menus were derived from. Dr. Lynn said they came from UCSF.
10. Dr. Conroy asked if mistreatment by patients is also included in the Graduate Questionnaire data. Dr. Lynn confirmed that mistreatment reported in the GQ can be from any person in the health care setting including patients.
11. Dr. Kopechek asked how we can help students feel confident that we are taking appropriate action following student reports of mistreatment. Dr. Lynn is working on a summary report to show how we are responding to common reports while maintaining confidentiality. Dr. McCallister shared insights from her work with the Drake Institute including the need for students to see “seismic changes” and shifts in the culture rather than simply responses to individual events.
12. Dr. Flanigan asked how “sarcasm” is assessed and whether it ranks as highly as a concern as other forms of mistreatment. Dr. Lynn pointed out that any student perception of disrespect and belittlement affects student learning. Cumulative microaggressions can also make students more susceptible to the effects of sarcasm.

## Action Items

* 1. The ECC appreciated Dr. Lynn’s report and supports her ongoing interventions to help eliminate student mistreatment from our learning environments.

# Item 5, Part 3 Annual Report

# Presenter: Dr. Nick Kman

## Discussion

1. The Part 3 curriculum is built upon the LSI core competencies, ACGME Entrustable Professional Activities for Entering Residency (EPAs) and ACGME General and Specialty Specific Milestones.
2. Advanced Management in Hospital-Based Care (AMHBC)
	1. Clinical experiences continue to be a strength for this course.
	2. Initiated virtual reality Simulations for EPA 10 (Recognizing emergency situations)
	3. Aligned passing criteria with the College competency based format.
	4. Overall, learning environment data support a positive learning environment including good scores for safety and supervision. No trends or repeat offenders were noted in review of learning environment reports.
	5. There are been a few duty hours violations which are being addressed with the sites involved.
	6. EM didactics were rated relatively lower than other activities. Efforts are being made to make these as concise and relevant as possible.
	7. Cost conscious care continues to be an area of focus.
	8. Getting faculty to provide ongoing contributions to ground school without buy down for teaching is a challenge. Limitation to access of some EHR functionality, heterogeneity of sites and organization of the EM rotations (absence of coordinator) were other challenges.
3. Advance Management in Relationship Centered Care (AMRCC)
	1. Many students do this course longitudinally.
	2. Course structure/organization and the quality of the final exam were rated low by students. Loss of coordinator and student frustration with utilizing the Carmen platform along with many in person activities being done virtually were felt to be contributing factors.
	3. Strengths included a positive learning environment, breadth of clinical experiences, Team-based Learning (TBLs) and Narcotics Anonymous speakers, and flexible schedules during rotations.
	4. The course has been reviewed for implicit bias and revised. The final exam has been rewritten. A new associate director and new Expert Educator have been hired and the coordinator position has been posted.
4. Clinical Tracks
	1. Conglomeration of experiences that get students ready for their residency
	2. A feed forward letter is being used to outline a plan for student readiness for residency
	3. Covid restrictions resulted in boot camps being cancelled last year. This resulted in a lower student satisfaction with clinical tracks this past year but overall student satisfaction is good.
	4. A small amount of FTE was utilized to support clinical track directors
	5. There is a plan to increase and improve boot camp experiences.
5. Advanced Competencies
	1. Wide variety of offerings that support advanced competency development
	2. Overall quality of courses is rated highly by students.
	3. Plan is to increase Part 1 student awareness of longitudinal advanced competency courses
	4. Elective course directors are not funded which is a threat to faculty continuing their courses.
6. Student Review Referrals (13 total) were all related to Knowledge for Practice (mostly AMRCC final exam failures (8)) or Professionalism.
7. Late grades have decreased but still have room to improve.
8. Overall Part 3 strengths include continued innovation and curriculum development and scholarship, flexibility for away rotations and residency interviews, and bridge from UME to GME (feed forward letters)
9. Overall weaknesses include curricular support (retaining coordinators), course organization, occasional late grades and learning environment violations
10. Opportunities include advocating for limiting away rotations which would improve the impact of the Part 3 curriculum, investment into virtual reality applications for teaching, and more support from the Office of Curriculum and Scholarship to help with produce more Part 3 scholarship.
11. Threats include Step 1 going to pass/ fail with secondary increased emphasis and study time for Step 2 and specialties appealing for more away rotations.
12. Proposed goals/action items for 2021-22 include:
	1. Continue towards goal of zero late grades
	2. LCME compliance (narrative formative assessment and mid-month feedback)
	3. Create inter-professional collaborative IHIS learn exercise
	4. Complete PCRS imprint in Vitals
	5. Identify and retain coordinators
13. Dr. Flanigan asked about protected time for course directors. Dr. Kman clarified that directors of required clerkships and courses do get protected time, but directors of electives or advanced competency course do not.
14. Dr. Tartaglia noted that we have a dashboard view of late grades for required courses and that Part 3 grade timeliness looks better on that dashboard since its focus is only on required courses.

## Action Items

1. The ECC voted to adopt the proposed goals/action items for Part 3.

# Item 6, LSI MICRO update

# Presenter: Dr. McCallister

## Discussion

1. There was no MICRO meeting in July
2. Dr. McCallister has posted three new policies to the ECC Box that are important for our compliance with LCME standards. ECC members should review these before August 3rd and vote on these by August 6th.

These include

* 1. LSI Part 1 Schedule Time Guidelines (maximum allowed content and scheduled learning activities)
	2. Narrative Assessment Policy (what is the process for seeking exceptions? Refer to Dr. Leung, E and A director?)
	3. Formative Assessment Policy (what is the process for seeking exceptions? Refer to Dr. Leung, E and A director?)

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Jack Kopechek, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 08/24/21
Location: Zoom
Call to Order: 4pm
Adjourned: 6:04pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Jack Kopechek | Chair, Faculty member | Y | Y |
| Courtney Thiele | Chair, Academic Review Board | Y | Y |
| Rosevine Azap | Med Student Representative | Y | N |
| Camila Curren | Academic Co-Program Director, LSI Part One | Y | Y |
| Chris Pierson | Academic Program Director, LSI Part One | Y | Y |
| Toni Liggins | Assistant Dean, Affiliated program | Y | Y |
| Phillip Popovich | Chair, Basic Science Department | Y | Y |
| Ron Harter | Chair, Clinical Science Department | Y | N |
| Kim Bjorklund | Faculty Member | Y | N |
| 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 |
| Matthew Flanigan | 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 Member | Y | Y |
| Nayanika Challa | Med Student Representative | Y | N |
| Megan Conroy | Faculty Member | Y | Y |
| Vikas Munjal | Med Student Representative | Y | Y |
| Jonathan Schaffir | Faculty Member | Y | Y |
| Kim Tartaglia | LCME Compliance Officer, Academic Program Director, Part Two | Y | Y |
| Paige Speith | Med Student Representative | Y | Y |
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## Additional Attendees

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Philicia Duncan | Director, Applied Health Systems Science | N | Y |
| Alex Grieco | Academic Standing Chair | N | Y |
| Laura Volk | Part 2, 3 Program Manager | N | Y |
| Andrea Pfiefle | Associate Vice Chancellor for Interprofessional Practice and Education | N | Y |
| Alexa Valentino | Director of Buck-IPE Curriculum | N | Y |

## Agenda Items

| **Agenda Item**  |
| --- |
| Item 1, Approval of meeting minutes |
| Item 2, Old Business |
| Item 3, Biomedical Undergraduate Program (written report only) |
| Item 4, Interprofessional Events |
| Item 5, Part 2 Annual Report |
| Item 6, Applied Health Systems Science |
| Item 7, Micro Report |
|  |

# Item 1, Introduction of Dr. Liggins and Approval of Minutes from July 27, 2021- Dr. Kopechek

## Discussion

1. Dr.Toni Liggins was introduced as the newest member of the ECC representing the Mt. Carmel Health System.
2. The ECC reviewed the July 27, 2021 meeting minutes. No changes were proposed.

## Action Items

1. The minutes from July 27, 2021 were approved.

# Item 2, Old BusinessPresenter: Dr. Kopechek

## Discussion

1. Pre-graduation Assessment of Competency Task Force is being formed.
2. The Technology in Medicine Task Force final report is available in Box. The end of the document contains a list of recommendations. Those recommended by the task force as actionable in the next year are listed in yellow.

## Action Items

1. ECC members should review the report prior to our September ECC meeting and recommend to Dr. Kopechek the top one or two priorities for the coming year.

# Item 3, Biomedical Undergraduate Program

# Presenter: Dr. Gunn (Written Report)

# Discussion

1. Dr. Gunn’s written annual report on the Biomedical Undergraduate Program is now available in the ECC Box.

## Action Items

1. ECC members should review Dr. Gunn’s report and send any questions, comments or suggestions to Dr. Kopechek before the September ECC meeting.

# Item 4, Inter-professional Events

Presenter: **Dr. Andrea Pfeifle (Associate Vice Chancellor of Inter-professional Practice and Education) and Dr. Alexa Valentino (Associate Professor of** **Clinical Pharmacy and Director of Buck-IPE** **curriculum)**

## Discussion

1. The vision for a new inter-professional curriculum was described. This curriculum is intended to provide students the knowledge and skills necessary to fill their roles in inter-professional health care teams and is a requirement of the LCME.
2. Accreditation requirements for IPE curricula include that it must be competency-based, integrated with the curriculum, longitudinal, continuous, authentic and developmentally appropriate.
3. The Buck-IPE curriculum is being developed by inter-professional teams utilizing five competencies and 4-6 associated learning outcomes for each competency.
4. The curriculum is progressive and will involve assessments at various points.
5. The competencies, learning outcomes and proposed calendar are available in the ECC Minutes Box for August 24, 2021
6. Dr. Kopechek noted that the Buck-IPE learning outcomes seem to align well with our LSI curricular learning outcomes (CLOs). We will need to review these in detail to see if there are any that do not align with the LSI CLOs..
7. Dr. McDougle complemented the curriculum in that it addresses health equity.
8. Dr. Conroy asked about student input into the IPE curriculum. Dr. Pfeifle replied that each working group has two students from the Inter- professional Student Education Advisory Board participating in their meetings.

## Action Items

* 1. Dr. Curren, Director of Competency, will be reviewing the Buck-IPE learning outcomes for congruency the LSI CLOs and will report any incongruences to the ECC chair. She will also share the outcomes of her review in her next Director of Competency report to the ECC.
	2. The ECC voted to approve continued development and implementation of the Buck-IPE curriculum as part of the LSI curriculum.

# Item 5, Part 2 Annual Report Part 2 Annual Report

# Presenter:

## Discussion

1. 2020-21 curriculum disruptions due to Covid-19 were reviewed including move to virtual ground schools, shortened rings, virtual OSCEs and delayed Part 2 starts for many students due to delays in taking Step 1.
2. Actions taken during the past academic year were reviewed including implementation of rotation specific tips sheets, revision of quizzes and midterm questions to better align with CLOs and improve the quality of clinical vignettes, collaboration with the Drake Institute and review of clinical evaluations and teaching sessions for bias, improvement of student study space and student satisfaction with Tuesday afternoon case-based instruction.
3. Outcomes data was reviewed.
	1. Overall quality remained high in all three rings despite the disruptions from Covid.
	2. Clinical assignment ratings dipped mildly in UPRSN but not in the other two rings
	3. Workshop ratings dipped considerably in all rings but this was thought to be a direct result of these being cancelled due to Covid restrictions.
	4. Direct observations had previously improved in UPRSN but seems to be declining again. Ratings remain high for the other rings.
	5. Ground school ratings decreased significantly likely due to impacts to the timing and delivery of this content during the pandemic. This is expected to improve with resumption of normal ground schools this year.
	6. Positive ratings of Tuesday teaching sessions for the UPSMN ring increased from 54% to 80% after intervention.
	7. Duty hour violations have decreased and each was addressed by the program.
	8. Learning environment ratings showed teachers overwhelmingly show respect. Interventions were implemented for those few teachers rated as not showing respect.
	9. 25 grades were inadvertently not published until two days after the deadline. A task force addressed the system for reporting grades and there have been no late grades since implementing the task force’s recommendations.
	10. Learning opportunities were generally strong with the exception of cost conscious care which is addressed to a greater degree in Part 3.
	11. Student ratings of quality of feedback, teaching time and patient care opportunities were somewhat lower on surgical specialties compared to other rings
	12. Student ratings for adequacy of storage space and work space was dramatically improved after bringing this to the attention of various sites.
	13. Number of competencies “not met” were not much different from previous years. Rarely did students have more than one “not met” and none were referred to ABRC.
4. Dr. Popovich asked why OB-GYN and Surgery ratings are consistently lower than other specialties. Dr. Tartaglia replied that the busy nature of surgical specialty environments makes it hard to compare these to other specialties. When our ratings are compared to those of other institutions our surgical specialty ratings look much better.
5. Ms. Spieth commented that she concurred that the pace of surgical environments are such that opportunities for teaching time is limited but that she felt like her residents and attending physicians did the best teaching they could for that environment.
6. Dr. Schaffir pointed out that surgical rounds tend to be shorter than other services and that most attending surgeons only rotate onto a service for a week or two or just a number of days. This further limits opportunities for teaching and feedback. They have tried to address these challenges by offering more conferences and small group discussions.
7. Dr. Bjorklund agreed that it is difficult to compare surgical to non-surgical experiences due to the differences in hospital rounding.
8. Dr. Tartaglia commented that Emily Cassell is working on interventions that would better ensure that students not pursuing a surgical residency would have equal inclusion to learning experiences as those not going into a surgical specialty.
9. Proposed action items for 2021-22
	1. Monitor improvement of ratings of workshops and ground school
	2. Create program to proactively monitor students’ incomplete status
	3. Actively participate in Step 1 Task Force
	4. Identify department champions for inclusive learning environments.
10. Dr. McDougle shared an article showing that hospitals generally are not providing the cost information educators would need available to teach students about costs of care.
11. Ms. Spieth commented that providing tablets for use on rotations has helped students be more involved in the care of their patients.
12. Dr. McCallister mentioned that the tool from Amy Caruso-Brown to help address bias in the curriculum will soon be available to us.
13. Dr. Kopechek commented on the many successes accomplished this year despite the challenges imposed by Covid. He requested that one or two SMART goals be created in response to the outcomes data.

## Action Items

1. The ECC voted to adopt the proposed goals/action items for Part 2 along with an expectation that each ring would create a SMART goal for their ring in response to outcomes data.

# Item 6, Applied Health System Sciences

# Presenter: Dr. Philicia Duncan

## Discussion

1. Dr. Duncan outlined the purpose and structure of the AHSS course over the three parts of LSI which is based on LSI competences within Systems- based Practice, Professionalism and Practice-based Learning and Improvement.
2. The course includes IHI modules, flipped classroom experiences and a capstone QI project. Topics covered include quality improvement, safety, cost conscious care, and population health.
3. Capstone projects covered a wide variety of specialties. 25 of 29 student groups were able to complete their projects and 14 projects demonstrated significant improvement towards their goal.
4. Program evaluation data generally was unchanged from the program data form recent years.
5. Program strengths include its interactive format and malleable course content, coach diversity and capstone project.
6. Program challenges include variability in facilitator skills, virtual delivery of content during the pandemic, scheduling challenges, discordance with other ring content, adequacy of project sponsorship and delayed perceived relevance for students.
7. Proposed goals for 2021-22 include:
	1. Improve facilitator training
	2. Improve communication to ring leadership to help better integrate AHSS content with ring
	3. Collaborate with other schools and departments to learn how they are teaching similar content
	4. Do one or two student focus groups to get better understanding or student perspectives
	5. Transition back to more in person activities
8. Dr. McDougle asked for the AHSS definition of system failure. Dr. Duncan replied that a system failure is a system that allows human error to produce adverse outcomes in patient care.
9. Dr. Liggins commented that in GME the students are now often more knowledgeable on systems science than the faculty, completion of IHI modules is expected by residency programs, and that the AHSS curriculum also prepares students to address disparities in healthcare.
10. Dr. Kopechek requested that the AHSS team identify one or two measurable outcomes as improvement goals for the next year.

## Action Items

1. The ECC voted to adopt the proposed goals listed in Item 7 above.
2. The AHSS team will identify one or two measurable improvement goals for the next year and send these to Dr. Kopechek

# Item 7, MICRO Report Presenter: Dr. Jennifer McCallister

## Discussion

1. Dr. McCallister submitted a draft of a new policy on supervision of medical students. She requested that the ECC review this draft and send comments to Dr. Kopechek prior to taking an electronic vote on this policy.
2. MICRO discussed the non-discretionary Covid vaccine policy.
3. The College of Medicine is committed to maintain in-person learning and assessment if at all possible during the remainder of the pandemic. However, Dr. McCallister has advised that each program establish contingency plans in the case that the medical school would need to revert again to virtual instruction and assessment.
4. MICRO also recommended alignment of the OSCE communication assessment tools used by raters, standardized patients and self- assessment by students during Part 1 and Part 2. The highest score on the OSCE is anchored in the expectations for a practicing physician. This is sometime confusing to students who want to understand why they did not get the highest score after meeting expectations for their level of training.
5. Dr. Tartaglia commented that the Adapted Kalamazoo rating has always been used by faculty but will be new for standardized patients and students.
6. Dr. Kopechek suggested that consideration be given to changing the point system so that students get most of the points for being “good” or “very good”
7. Dr. McDougle also asked why we would have a level on the assessment tool that is based on a level recommended for faculty.
8. Dr. Tartaglia noted that the scale is provided to show student progress over their time in medical school and that faculty rater training is provided.
9. Dr. Curren pointed out that these changes will allow students to compare their self-assessment with those of the standardized patient and faculty raters.

## Action Items

1. The ECC voted to approve the changes in the OSCE assessment tools as recommended by MICRO.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Jack Kopechek, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 09/28/21
Location: Zoom
Call to Order: 4pm
Adjourned: 6:04pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Jack Kopechek | Chair, Faculty member | Y | Y |
| Courtney Thiele | Chair, Academic Review Board | Y | Y |
| Rosevine Azap | Med Student Representative | Y | N |
| Camila Curren | Academic Co-Program Director, LSI Part One | Y | Y |
| Chris Pierson | Academic Program Director, LSI Part One | Y | Y |
| Toni Liggins | Assistant Dean, Affiliated program | Y | Y |
| Phillip Popovich | Chair, Basic Science Department | Y | Y |
| Ron Harter | Chair, Clinical Science Department | Y | Y |
| Kim Bjorklund | Faculty Member | 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 |
| Matthew Flanigan | 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 Member | Y | N |
| Nayanika Challa | Med Student Representative | Y | N |
| Megan Conroy | Faculty Member | Y | Y |
| Vikas Munjal | Med Student Representative | Y | N |
| Jonathan Schaffir | Faculty Member | Y | Y |
| Kim Tartaglia | LCME Compliance Officer, Academic Program Director, Part Two | Y | Y |
| Paige Speith | Med Student Representative | Y | N |
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## Additional Attendees

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Ashley Fernandes | Director or Competency, Professionalism | N | Y |
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## Agenda Items

| **Agenda Item**  |
| --- |
| Item 1, Approval of meeting minutes |
| Item 2, Follow-up on Technology in Medicine Task Force Report |
| Item 3, Director of Competency Presentation- Professionalism |
| Item 4, LSI Internal Review and ECC/MICRO retreat response update |
| Item 5, Follow-up on Equity and Anti-racism Action Plan |
| Item 6, Micro Report |
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# Item 1, Approval of Minutes from August 24, 2021- Dr. Kopechek

## Discussion

1. The ECC reviewed the August 24, 2021, meeting minutes. No changes were proposed.

## Action Items

1. The minutes from August 24, 2021, were approved.

# Item 2, Old BusinessPresenter: Dr. Kopechek

## Discussion

1. The Pre-graduation Assessment of Competency Task Force is being formed. Dr. Sorabh Khandelwal has agreed to serve as chair for the task force which will report back to ECC in February 2022.
2. The Technology in Medicine Recommendations survey results were reported. Recommendations for an EHR curriculum and Telehealth curriculum were most frequently selected as high priority.
	1. Dr. Kman commented that both of these topics are important and that an EHR OSCE is already being done in the AMHBC mini-I and recommended Dr. Kristen Lewis and Dr. Nancy Liao as possible faculty to work on the EHR curriculum. He also recommended someone from AMRCC to work on the Telehealth curriculum. Dr. Fernandes recommended Dr. Kristen Rundell.
	2. Dr. Curren commented that we need to introduce the use of the EHR in patient encounters before Part 3. Compatibility and security issues with IHIS Learn will be challenges that will need to be faced.
	3. Dr. Conroy pointed out that the current OSCE format was based on the Step 2 CS format and that we should make an attempt to better mirror what happens in typical patient encounters.
	4. Dr. Flanigan said his OSCE team could starting looking at the logistics of changing the OSCEs. He also advised that we implement changes at the beginning of an academic year.
	5. Dr. Curren reminded us that we will also need to plan some faculty development on how to grade EHR documentation.

## Action Items

1. Dr. Khandelwal will begin work with the Pre-graduation Assessment Task Force and will report their analysis and recommendations to the ECC on February 25, 2022.
2. The ECC approved adopting the following Technology Task Force recommendations for the LSI curriculum. Drs. Kopechek and McCallister will appoint leadership for these new initiatives with a goal of having them fully implemented no later than May 2023.
	1. EHR: Develop a formal EHR curriculum that is longitudinal through the years of medical school. Alter OSCEs in Part 2 to utilize the EHR during the clinical encounter with the standardized patient and allow the same total time allotment for clinical encounter and documentation. Teach and assess student interpersonal communication skills with standardized patients while simultaneously using the EHR.
	2. Telemedicine: Develop telemedicine best practices to teach medical students during the Part 2 UPWP family medicine clerkship or Part 3 AMRCC ambulatory rotation.

# Item 3, Biomedical Undergraduate ProgramPresenter: Dr. Gunn (Written Report)

# Discussion

1. Dr. Gunn’s written annual report on the Biomedical Undergraduate Program was reviewed prior to the meeting.
2. The report outlines the many accomplishments of the program. Expressions of appreciation and support were expressed by several of the ECC members.

## Action Items

1. The ECC adopted the following goals for the BMS Undergraduate program:
	1. Seek alternate sources for program funding (e.g., Battelle, Beckman, HHMI, NIH, etc.).
	2. Resume BMS learning abroad experience to Estonia for seniors.
	3. Ensure teaching for the BMS major is recognized as a significant effort in the COM.
	4. Monitor and fill BMS course instructor positions as needed.
	5. Maintain incoming class diversity as well as retention of all BMS students as they progress during their four years.

# Item 4, Review of ECC LSI Monitoring Dashboard

## Discussion

1. Current technology issues are resulting in only partial data being available at this time. Dr. Amanda Start is working with the Information Warehouse to correct this.
2. No concerns were raised by ECC members from the data that is currently available.

## Action Items

1. Discussion of the dashboard data will be postponed to the October meeting.

# Item 5, Director of Competency, Professionalism

# Presenter: Dr. Ashley Fernandes

## Discussion

1. Dr. Fernandes reviewed the professionalism competencies, previous goals and plans, new professionalism TLMs and assessments implemented in the past year, and professionalism competency outcomes.
2. He also described the curriculum mapping he has done for several key words related to diversity and health equity to determine where these concepts are being taught in the curriculum and shared his review of the AMRCC course for implicit bias as an example of what could be done for other courses.
3. Internal and external measures show professionalism to be a strength of our students and graduates.
4. National trends include development of virtual TLMs for professionalism, using simulation for assessment, and needs for effective methods for remediation.
5. The following goals and plans were proposed for the next year:
	1. Part 2: Develop professionalism/ethics TLMs with Part 2 Leaders that formalize & guide the rich clinical experiences M3s are obtaining (e.g., pull-back sessions, integration @ orientation, ethics rounds
	2. OSCEs: Initial discussions re. developing an OSCE assessing professionalism in mid-Ring; integrating professionalism/ethics themes into existing OSCEs, tracing in VITALs
	3. Professionalism Remediation: Continue working with stakeholders toward a transparent & equitable, groundbreaking remediation program
	4. Anti-Racism, Diversity Reform: Continue working with the Task Force
	5. Scholarship: esp. in areas 1-4 above, AMRCC
6. Dr. McDougle asked about the students’ perceived lack of diversity in patient panels and the sustainability of Dr. Gray’s teaching now that he has left the university. Dr. McCallister said that non-diverse patient panels is a recognized concern that is being addressed. There are several barriers to recruiting diverse patients (transportation is an example). Dr. Curren reported implementation of extensive faculty development and tracking of Part 1 patient panels to increase diversity. She mentioned that Zoom panels enable recruitment of more diverse panels.
7. Dr. Fernandes applauded the intentional efforts to increase patient panel diversity and noted that Dr. Gray’s Grand Rounds lecture and the final exam questions that were derived from that lecture will continue to be utilized. Courtney Thiele pointed out that bioethics grand rounds speakers sign a document providing permission for their lecture to continue to be used for educational purposes in the future.
8. Dr. Lacuesta asked what tool was used for the AMRCC implicit bias review. Dr. McCallister replied that it was a tool created by Amy Caruso Brown and she provided the link to the tool.
9. Dr. Flanigan and Dr. Conroy mentioned a professionalism, ethics, diversity thread that runs through the case studies that students discuss during Part 2 UPWP and UPSMN.
10. Dr. Fernandes asked how can we best capture professionalism teaching that is going on but not being mapped? Dr. Kopechek suggested that this would be a good discussion to have with the academic programs.
11. Dr. Flanigan mentioned that there has been some discussion of adding professionalism questions to Part 2 quizzes to better support the professionalism curriculum in Part 2.
12. Dr. McCallister suggested editing the proposed goals and plans to include additional curricular mapping relevant to anti-racism and diversity reform and a call for a defined process for professionalism remediation by the end of the academic year.
13. Dr. Lacuesta asked whether defined professionalism behaviors could be identified for the student review process to help mitigate bias as well as having student review committee members complete implicit bias training. (the latter is currently being implemented through an action of the Academic Review Process Committee)

## Action Items

1. The ECC voted to approve the proposed goals and plans along with Dr. McCallister’s additions. The goals and plans are as follows:
	1. Part 2: Develop professionalism/ethics TLMs with Part 2 Leaders that formalize & guide the rich clinical experiences M3s are obtaining (e.g., pull-back sessions, integration @ orientation, ethics rounds
	2. OSCEs: Initial discussions re. developing an OSCE assessing professionalism in mid-Ring; integrating professionalism/ethics themes into existing OSCEs, tracing in VITALs
	3. Professionalism Remediation: Continue working with stakeholders toward a transparent & equitable, groundbreaking remediation program by end of the AY 21-22
	4. Anti-Racism, Diversity Reform: Continue working with the Task Force & adding to Diversity Mapping as the Task Force continues its work (including capturing things not in VITALS that are being done)
	5. Scholarship: esp. in areas 1-4 above, AMRCC

# Item 6, Grade Submission Policy Draft

# Presenter: Dr. Jennifer McCallister

## Discussion

1. Dr. McCallister submitted a draft document to Box that outlines the college policy for submission of grades

## Action Items

1. ECC members will need to review the policy and comment within

# Item 7, MICRO Report Presenter: Dr. Jennifer McCallister

## Discussion

1. Dr. McCallister shared a proposal on how the medical school would handle assessments if the university would mandate a return to complete virtual instruction (this is currently thought to be unlikely). Guiding principles include safety for students, staff and faculty, exam security and student feedback.
2. The policy prioritizes administration of written exams remotely via Examsoft with remote proctoring over administering these with remote video monitoring via webcam (Zoom).
3. Dr. McDougle asked if a student with a disability would be able to appeal this policy if the student qualified for accommodations. Dr. McCallister responded that students will be accommodated if they have been approved by the office of Student Life and Disability Services for accommodations. Dr. McDougle also asked that if this policy were to be implemented that the messaging to students would include a reminder that students with disabilities can request accommodations.
4. In a separate agenda item, each academic program will be submitting a draft of modifications for students who are approved on the intermittent flex plan (a student needs an occasional day or two of excused absence)
5. Personal days for students has been implement in Part 1. The impact of this on student education and the curriculum will be monitored.
6. USMLE gateway dates for primary care track students were approved.

## Action Items

1. The ECC voted to approve the assessment proposal with Dr. McDougle’s amendment that persons requiring accommodations will have the ability to appeal for accommodations and receive messaging regarding this.

# Item 8, Equity and Anti-racism Task Force Progress ReportPresenter: Dr. Jennifer McCallister

## Discussion

1. Dr. McCallister reviewed the action items from the task force and the progress made towards each item. Actions included:
	1. Reducing URiM student attrition and remediation by reviewing admissions metrics and by identifying barriers to success through student focus groups.
	2. Strengthen and expanding pre-entry program through evaluation of current programs and piloting of a new month-long pre- matriculation course.
	3. Explore an academic strengthening program for at need students between the M1 and M2 years. This was deferred to 2021-22 with consideration as to whether this should be implemented in conjunction with or separate from the pre-matriculation program.
	4. Supporting students on LOA through an Office of Student Services survey of students who have taken an LOA and by a possible Individual Studies course or other options for students who cannot not take USMLE Step 1 on time.
	5. Pre-emptive PEER tutor support to URiM students through expansion of the Medpath tutoring program to include traditional URiM students who qualify using the same metrics.
	6. Establish a URiM physician mentorship program through a pilot program for first year students.
	7. Expand mental health support services for URiM students through hiring Dr. Travis Westbrook who especially focuses on URiM students.
	8. Develop a structured approach to evaluating existing curricular materials to identify and eliminate bias and race-based teaching by partnering with Dr. Amy Caruso Brown and applying her checklist starting with Foundations 1 and Longitudinal Group.
	9. Support faculty in developing and maintaining skills to eliminate bias in teaching and assessment through required implicit bias training for all faculty with leadership positions and and an allyship program through the Kirwan Institute and through the college annual symposia.
	10. Complete curriculum review and mapping to identify existing gaps in diversity, equity, inclusions and anti-racism curricula and create a working group with a faculty lead to support a longitudinal curriculum to support diversity through education.
	11. Increase diversity in patient panels and standardized patients through work with CSEAC and Part 1 and a student focus group.
	12. Increase diversity of educators in the LSI curriculum by tracking faculty demographics to allow for better emphasis on recruitment and retention of a diverse group of educators.
	13. Evaluate student concerns related to equity in education and evaluation of the learning environment through Part 2 partnering

with the University Institute of Teaching and Learning to collect and analyze data from student focus groups and the clinical performance assessments.

* 1. Improve the process for student reporting of curriculum issues related to bias through clarifying a pathway for student reporting and letting students know what actions are being taken to address their concerns.
	2. Establish a standing meeting with a broad group of stakeholders to evaluate progress, identify opportunities and maintain open dialogue along with occasional town hall meetings.
	3. Expand on-going recruitment efforts to increase admissions of URiM students through virtual second look visits, engagement of the SNMA in recruitment and participation in the AAMC recruitment fair for URiM students.
	4. Expansion and reorganization of the Office of Diversity and Inclusion to increase effectiveness.
1. Several ECC members expressed appreciation for the excellent work being done by this task force.
2. Dr. Lacuesta mentioned that OSU medical students are invited to apply for the Ohio Health Diversity Scholars Program which provides an additional layer of support for URiM students.

## Action Items

1. No new actions were taken by the ECC

# Item 9: LSI Overall Curriculum ReviewPresenter: Dr. McCallister

## Discussion

* 1. Completed Tasks
		1. Correcting inconsistencies in the Student Handbook
		2. Ensuring and documenting faculty, resident and fellow review of teaching evaluations
	2. Items in progress
		1. Mapping of Curricular Learning Outcomes (CLOs) to all required TLMs and assessments in VITALS (nearly complete)
		2. Faculty usage of CLOs- best practices being developed by Dr. Danforth and his team. Target completion December 2021.
		3. Improve VITALs database to monitor faculty with multiple mistreatment concerns. Dr. Grieco, Dr. Christian and Beth Sabatino are working on this. Target completion December 2021.
		4. Peer review for faculty and development of educational portfolios was deferred to 2021-22 due to competing priorities and this being listed as moderate rather than high priority by the Internal Review team.
		5. Vertical and horizontal integration of Knowledge for Practice assessments. With the transition to a new Director of Competency for Knowledge for Practice, the target date for this has been revised to June 2022.

## Action Items

1. No actions taken.

# Item 10, LSI Curriculum Retreat Follow-up

1. Impact of Transition of Step 1 to pass/fail
	1. No immediate changes deemed necessary by the faculty for the current Part 2 pre-entry or Part 3 schedule
	2. October 4 th Town Hall scheduled for open dialogue with students
	3. OCS will be providing some data to better understand the issue
2. Reinforcement of Foundational Sciences

d. Develop best practice resources for incorporating basic sciences through the curriculum and key assessment.

e. Deferred due to LCME Self-study. To be revisited 2021-22

## Action Items:

**1.** No actions taken.

The Ohio State University College of Medicine

**Executive Curriculum Committee**Meeting Minutes

Presiding Chair: Jack Kopechek, MD
Minutes Recorded by: Casey Leitwein
Quorum = 50% Voting Members
Date: 10/26/21
Location: Zoom
Call to Order: 4pm
Adjourned: 5:44pm

# Member Attendance

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Jack Kopechek | Chair, Faculty member | Y | Y |
| Courtney Thiele | Chair, Academic Review Board | Y | Y |
| Rosevine Azap | Med Student Representative | Y | N |
| Camila Curren | Academic Co-Program Director, LSI Part One | Y | Y |
| Chris Pierson | Academic Program Director, LSI Part One | Y | Y |
| Toni Liggins | Assistant Dean, Affiliated program | Y | Y |
| Phillip Popovich | Chair, Basic Science Department | Y | N |
| Ron Harter | Chair, Clinical Science Department | Y | Y |
| Kim Bjorklund | Faculty Member | Y | Y |
| Sorabh Khandelwal | Residency Program Director | Y | Y |
| Nicholas Kman | Academic Program Director, LSI Part Three | Y | N |
| Nanette Lacuesta | Assistant Dean, Affiliated program | Y | Y |
| Matthew Flanigan | 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 Member | Y | N |
| Nayanika Challa | Med Student Representative | Y | N |
| Megan Conroy | Faculty Member | Y | Y |
| Vikas Munjal | Med Student Representative | Y | Y |
| Jonathan Schaffir | Faculty Member | Y | Y |
| Kim Tartaglia | LCME Compliance Officer, Academic Program Director, Part Two | Y | Y |
| Paige Speith | Med Student Representative | Y | Y |
|  |  |  |  |
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## Additional Attendees

| **Name** | **Role** | **Voting** | **Present** |
| --- | --- | --- | --- |
| Kelly Ann Perry | Director of Student Life | N | Y |
| Cynthia Leung | Director of Evaluation & Assessment | N | Y |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Agenda Items

| **Agenda Item**  |
| --- |
| Item 1, Approval of meeting minutes |
| Item 2, Old Business |
| Item 3, Review of ECC LSI Monitoring Dashboard |
| Item 4, Graduate Questionnaire |
| Item 5, Part One Annual Report |
| Item 6, Micro Report |
|  |
|  |

# Item 1, Approval of Minutes from September 28, 2021- Dr. Kopechek

## Discussion

1. . The ECC reviewed the September 28, 2021 meeting minutes. No changes were proposed.

## Action Items

1. The minutes from September 28, 2021 were approved.

# Item 2, Old BusinessPresenter: Dr. Kopechek

## Discussion

* 1. Dr. Milisa Rizer, Chief Medical Information Officer for the Wexner Medical Center has accepted the role of chair for the EHR Longitudinal Curriculum Task Force.
	2. Dr. Kristen Rundell, Director of Longitudinal Practice and Associate Director of AMRCC, has accepted the role of chair for the Telehealth Curriculum Task Force.
	3. The Grades Submission Policy was passed by ECC earlier this month by electronic vote.

## Action Items

No actions taken.

# Item 3, Review of ECC LSI Monitoring DashboardPresenter: Dr. Kopechek

# Discussion

1. No concerns were raised from review of the LSI monitoring dashboard.
2. Dr. Kopechek noted that the percentage or URM students taking LOAs for academic reasons or having red or brown academic status has dropped significantly though their percentages are still higher rates than for non-URM students.

## Action Items

1. ECC will continue to monitor the dashboard quarterly**.**

# Item 4, 2021 Graduate Questionnaire

# Presenter: Dr. Leung

## Discussion

1. Dr. Leung shared a summary of the 2021 Graduate Questionnaire results.
2. Almost 95% of the students responded which is higher than usual.
3. Students were slightly less satisfied with their education this past year but overall they were still generally satisfied.
4. Basic sciences that students believed prepared them well for the clinical environment were Physiology and Pathophysiology. Biochemistry and Pharmacology were among those that they believed prepared them the least. (This is consistent with past years)
5. Direct Observations, teaching and mid-clerkship feedback in the clinical environment were reported as highest for Internal Medicine, Family Medicine and Psychiatry and lowest for Surgery and OB-GYN. (Ring coordinators documented that all students received mid-ring feedback)
6. Students generally felt well prepared for residency. Insufficient knowledge of high-value care was the exception.
7. Experiences related to health disparities, interpreter usage, cultural competence, research and free clinics were the most popular volunteer activities for students.
8. Guidance in selection of electives was perceived as strong.
9. Benefits of diversity within the college was perceived as strong.
10. Faculty professionalism behaviors were rated most highly for respect of patients and lowest for providing direction and constructive feedback.
11. Professional development was perceived as well supported but personal development less so.
12. Library support services were rated highly while relaxation space was rated lower.
13. Students were highly satisfied with financial counseling but less so with academic and personal counseling and tutoring.
14. Students were satisfied with information about specialties but less satisfied with information about alternative medical careers.
15. Deans were rated as accessible but responsiveness to student problems was rated lower.
16. Students were satisfied with student health services but were less satisfied with mental health services and programs for maintaining wellness.
17. Dr. Kopechek asked whether the data on academic and personal counseling included only student who utilized their services, or did it also include students for which this was not applicable. Dr. Tartaglia mentioned that there was a “did not use” option for this question in previous years and that previous year numbers suggest that only students who used the services were included.

## Action Items

1. Dr. Leung will check with Amanda Start on how many students were included in the data for academic and personal counseling and tutoring this year.
2. This report will be referred to the appropriate Academic Program Committees and administrative departments for further analysis and recommendations with subsequent reporting back to ECC.

# Item 5, Part 1 Annual Report

# Presenter: Dr. Curren and Dr. Pierson

## Discussion

1. Dr. Curren reviewed the structure and personnel associated with Part 1.
2. End of Program Evaluation by students generally showed Part 1 to be effective as a whole. Lowest rated items were distributing the workload appropriately across blocks and feeling prepared for Step 1.
3. Block quality was rated highly for each block with highest ratings for Bone and Muscle and Cardiopulmonary blocks (Host Defense data was not available at the time of this presentation but will be added later).
4. The learning environment was highly rated. Some students did express a sense of being disrespected when sudden changes were made to their modes of learning during the pandemic.
5. Study hours this year have averaged 20 hours/week for both M1 and M2 students with total contact time of 27 hours for M1s and 33 hours for M2s. Total learning time averaged 8-10 hours per day.
6. Block leader and faculty Evaluation of Program was consistently favorable.
7. Timely feedback to students from assessments has improved greatly.
8. Knowledge for Practice is the most common competency not met by students followed by Patient Care. Very few students had more than two unmet competencies during Part 1.
9. Our students continue to score above the national average on USMLE Step 1. Students on average scored at or above the national means for each subject area.
10. Curricular Learning Outcomes are being linked to TLMs and exam questions.
11. Block leaders meet regularly with program directors to discuss best practices. Expert Educators are working on improving Pharmacology and EBIR threads. Anatomy office hours have been increased. Curriculum is being audited for bias reduction and patient panels are being tracked for diversity.
12. Reports of student mistreatment are being followed up on by our student advocate, Dr. Christian. Curriculum leaders are required to participate in implicit bias workshops. New LG facilitators are receiving peer assessment. Four personal days for students have been integrated into the program.
13. OSCE rating formats have been changed to increase transparency of grading for students along with expedited exam review times.
14. Behavioral and social supports for students have been expanded including those for URM students.
15. Successes include:
	1. Increased participation and input from students in the academic program committee and sessions with block leaders
	2. The adoption of virtual classroom approaches and telehealth OSCEs during the pandemic.
16. Challenges include:
	1. Suboptimal grading transparency
	2. Student difficulty with virtual OSCEs
	3. Pandemic infections and quarantines for students
	4. Interruption of teaching physical exam
	5. Getting representative (focused) and critical student feedback
	6. Faculty engagement with lectures now being pre-recorded
	7. Difficulties caused by large number of students taking personal days on Longitudinal Group days shortly before block assessments
	8. Inter-professional education participation and integration with the curriculum
17. Goals:
	1. Increase OSCE grading transparency
	2. Right-size the number of block evaluation per student
	3. Review the curriculum for bias and discrimination and revise affected content
	4. Faculty development for reducing bias and discrimination
18. Dr. McCallister commented that Part 1 has been more successful than stated in the report including USMLE Step One scores and maintaining students learning despite frequent changes to and from virtual learning during the pandemic.
19. Dr. Kopechek asked if there was an explanation for why students rated teaching of the basic sciences as preparation for the clinical environment highly on the End of Part 1 evaluation (year 2) but much less so on the Graduate Questionnaire (year 4). Dr. Pierson suggested that student perception might change over time. Initiating some student review of their OSCEs might be beneficial. Dr. Curren suggested that putting more basic science discussion into cases discussed during the clinical years might be helpful. Dr. McCallister mentioned that this was one of the goals identified during the LSI retreat and plans to have expert educators address this, especially for Part 2. Dr. Tartaglia listed the expert educators who are beginning to work on this. Dr. Kopechek pointed out that student performance on biochemistry this year on Step 1 was much improved.
20. Dr. Flanigan suggested that to improve OSCE transparency, we need better discussion with students regarding OSCEs and to provide a forum for students to express their concerns and have them addressed. Dr. Pierson suggested that we do some “expectation management” because on the M1s first OSCE this year students rated themselves significantly higher that the faculty. Dr. Conroy commented that students have difficulty making the mental shift from always getting the highest scores to seeing their performance on a milestones-like continuum where they will not start out with the highest scores. Ms. Spieth recommended that the highest scores on the grading scale be based on the expectations for an intern rather than a practicing physician since this may seem like a closer and more realistic goal for students. Dr. Kopechek asked about the new question on OSCE rating forms where faculty are asked to list what the student missed. Dr. Curren concurred that this was implemented to improve transparency, but it has been difficult to get faculty raters to do this. This also does not address concerns students have with the grading of the communication items on the OSCE. Dr. Kopechek asked how we will measure progress on grading transparency. Dr. Pierson mentioned that it would be discussed at Part 1 APC. Dr. Curren said that we should track changes of transparency of OSCE grading on a student survey.
21. Dr.Tartaglia requested more specificity for the Faculty Development goal. Dr. McCallister mentioned the goal might be to complete bias training for the Longitudinal Group facilitators using Dr. McDougle’s “Facilitating Diverse Student Groups” in the next year.

## Action Items

1. The following action plan was approved:
	1. Increase OSCE grading transparency and survey students for improvement.
	2. Right-size the number of block evaluation per student
	3. Review the curriculum for bias and discrimination and revise affected content
	4. Have all Longitudinal Group facilitators complete the “Facilitating Diverse Student Groups” training within the next year.

# Item 6, MICRO Report Presenter: Dr. Jennifer McCallister

## Discussion

1. There was no MICRO meeting in October
2. Dr. McCallister announced that Kelly-Ann Perry will be the new director of Biomedical Education beginning November 8th

## Action Items

* 1. No actions taken.