Student Education Group Minutes
11/02/2021

Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td>5:30 – 5:45</td>
<td>Intro (M1)’s</td>
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<td>5:40 – 6:00</td>
<td>New HDRH Course Leadership, guest Dr. Ravera</td>
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<td>6:00 – 6:20</td>
<td>Dean Zehle Updates</td>
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<td>6:20 – 6:35</td>
<td>Course/Committee updates</td>
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<td>6:35 – 6:55</td>
<td>Project tracker</td>
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<td>6:55 – 7:10</td>
<td>Room feedback discussion</td>
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<td>7:10 – 7:30</td>
<td>Goal setting: action items</td>
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Teams

Team 1: Maggie Carey, Will Brown, Heather Giguere
  Foundations: FoCS, Convergence
  Liaison Roles: Library, Technology
  Clinical Rotations: Psychiatry, Family Medicine

Team 2: Megan Boyer, Delaney Sztraicher, Will Yakubik
  Foundations: A&D, NMGI, DIV
  Liaison Roles: Elections, Communication
  Clinical Rotations: Surgery, Emergency Medicine

Team 3: Kelly Chan, Raj Aurora, Sam Afshari
  Foundations: Medical Neuroscience, Connections, PHP
  Liaison Roles: Teaching Academy, Academic Support, Commons
  Clinical Rotations: Internal Medicine, Neurology/Outpatient

Team 4: Rachel Harrison, Anna Chamby, Dan Fried
  Foundations: CRR, HDRH, Convergence
  Liaison Roles: Technology, Clinical Skills
  Clinical Rotations: OB/GYN, Pediatrics

COMMITTEE REPORTS
MCC COMMITTEE (Luke Higgins, Dinkar Ahuja, Amanda Galenkamp)
FOUNDATIONS COMMITTEE (Delaney Sztraicher, Sean Muniz)
CLERKSHIP COMMITTEE (Megan Boyer, Anna Quinlan)
AAMC REP: (Gia Eapen, Ariella Yazdani, Jack Steinharter)
ADVANCED INTEGRATION: (Rachel Harrison, Faith Wilson)
EVALUATION COMMITTEE: (Will Brown, Ben Weaver)
## Attendance:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Title</th>
<th>Present/Absent</th>
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<tbody>
<tr>
<td>Afshari</td>
<td>Sam</td>
<td></td>
<td>X</td>
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<tr>
<td>Aurora</td>
<td>Raj</td>
<td></td>
<td>X</td>
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<tr>
<td>Boyer</td>
<td>Megan</td>
<td>Chairperson, Clerkship committee member</td>
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<tr>
<td>Brown</td>
<td>Will</td>
<td>Evaluation Committee</td>
<td>X</td>
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<tr>
<td>Chamby</td>
<td>Anna</td>
<td>Vice Chair</td>
<td>X</td>
</tr>
<tr>
<td>Chan</td>
<td>Kelly</td>
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<tr>
<td>Carey</td>
<td>Maggie</td>
<td></td>
<td>X</td>
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<tr>
<td>Fried</td>
<td>Dan</td>
<td></td>
<td>Absent- advised ahead</td>
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<tr>
<td>Giguere</td>
<td>Heather</td>
<td></td>
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<tr>
<td>Harrison</td>
<td>Rachel</td>
<td>Advanced Integration Committee Member</td>
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<tr>
<td>O’Connor</td>
<td>Julia</td>
<td>Staff Advisor</td>
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<td>Sztraicher</td>
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<td>Yakubik</td>
<td>Will</td>
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<td>Zehle</td>
<td>Christa</td>
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<td>Higgins</td>
<td>Luke</td>
<td>MCC Representative (co2022)</td>
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<td>Ahuja</td>
<td>Dinkar</td>
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<td>Galenkamp</td>
<td>Amanda</td>
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<td>Muniz</td>
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<td>Quinlan</td>
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<td>Wilson</td>
<td>Faith</td>
<td>Advanced Integration Representative</td>
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<td>Weaver</td>
<td>Ben</td>
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<tr>
<td>Jasmine</td>
<td>Bazinet-Phillips</td>
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<td>Annie</td>
<td>Penfield-Cyr</td>
<td>M1 visitor</td>
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<tr>
<td>Joe</td>
<td>Ravera</td>
<td>New course director for HDRH</td>
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<td>Ryan</td>
<td>Kelley</td>
<td>M1 visitor</td>
<td>X</td>
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<tr>
<td>Caitlyn</td>
<td>Early</td>
<td>M1 visitor</td>
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<tr>
<td>Caitlyn</td>
<td>Marassi</td>
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<tr>
<td>Chellam</td>
<td>Nayar</td>
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<tr>
<td>Brittney</td>
<td>Palermo</td>
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<tr>
<td>Tyler</td>
<td>McGuire</td>
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<tr>
<td>Kate</td>
<td>French</td>
<td>M1 visitor</td>
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Minutes

• **Dr. Joe Ravera, course director for HDRH**
  - Has always been interested in medical education and is excited by the opportunity to be more involved.
  - Thinking about what he would have wanted to know in “generations” when he took this.
  - This first year, he will try to stay afloat. There’s a lot of great leg work, but there is always room for improvement. This first year, he plans to learn how to do this job! Charlotte Reback, former course director, will be providing mentorship throughout the course.
  - Moving forward- filter out sessions that worked and didn’t work, and as a five-year plan continue to grow a course that people are excited about!

What would be helpful for me to know? - “last minute advice”

  - **Meg:** Scheduling regular feedback sessions with students to get the pulse of the course.
  - **Dr. Ravera:** I was planning on letting people know when I’m free and holding office hours.
    - Will try having open office hours for people to come and chat.
  - **Meg:** How will you handle the issue of attendance/engagement with the typical drop in attendance.
  - **Dr. Ravera:** My job is to navigate the balance between students and faculty.
    - Hopes that people come, but also hopes that the materials the course provides will benefit people whether or not they come to class.

• **Updates with Dean Zehle**
  1. **LCME updates**
    a. The LCME is a quality assurance process that helps to ensure that medical education programs meet 12 standards (93 elements)
    b. Accreditation every 8 years
    c. The LCME Committee has met, and has granted a date in 8 years for our next accreditation. We were excited to be given the full 8 years!
    d. We were anticipating 12 citations, and they actually took away 3:
      i. Continuous quality assurance is satisfactory now!
      ii. Feedback
      iii. Student health insurance
e. Still need to keep monitoring all areas and continue with quality improvement.
   i. We have a status report due in December 2022- which will include GQ and repeat ISA data.

Anna: what is the LCME expectation regarding other institutional learners in the same environment?

- Learners must receive an education that aligns, and is driven by that program’s course objectives.
  o Typically, this translates to these students not being in the same class/educational experience together. They can be on the wards together, however.

- Important to note that the Co 2022 is the first class that will be able to answer questions about the Connecticut regional campus on the GQ survey.

f. It will be important that we communicate with students about the areas that we need to improve on, moving forward.
   i. Closing the loop with feedback is an area that we need to work on.
   ii. “We heard, We did” as a communication strategy.
      1. Important to get feedback from students about how they want to receive this information!

Delaney:

- I think having the “you said, we did” section at the bottom of the weekly wire is bad placement.
- Maybe having a quarterly or weekly email about this information instead.

Dean Zehle:

- Thinking of bringing back the Wednesday Wonders to provide some “close the loop” content.

Raj:

- Could be helpful to include a few sentences about what each committee has achieved that month as well, as this is where a lot is accomplished.

2. Booster guidance/Flu vaccines:
   a. Information was sent to Meg and Anna
      i. Key that this information be distributed to students.
   b. UVM medical center, which ran the first vaccines, is not doing any covid-19 vaccine boosters.
      i. All of this will be on an individual basis.
ii. This is true for CT and VT.

c. Flu vaccines are offered through the university.

• **Course and committee updates**

**Mock debate: looking at P/F during clinicals:**
- Mock vote was very split 50/50. The general audience was slightly in favor of returning to the honors system. Clerkship directors were generally interested in remaining P/F.
- Not a ton of data supporting either side—this is why nationally there is a lot of variation.

Raj: We should make a formal recommendation from SEG.
- URM students honor at a rate less than non-URM students due to lower test scores.
  - How does UVM define URM?
  - Has anyone recalculated who gets honors based on clinical performance, rather than test scores? **Ask Leigh Ann about this.**

- Anticipate that the timeline on this process is rapid.
  - If SEG is going to make a statement on this, we’d need to get actual data that represents the student voice, as well as our opinions.

- Provide more transparency that you are graded numerically for AOA (we are still ranked for AOA reasons)
  - UVM is holistic about this, but the whole thing is a big mystery and a lot of students do not know that this happens.

- Overall, no official decisions made from this debate.

**Transparency of clerkship grading:**
- Clerkship directors didn’t know that students couldn’t see the Likert scale for grading!
- Also question of how CT and VT are compared and included in AOA.
  - All of this has already been asked for and they are aware and working on it!

**Evaluation committee:**
- If we were thinking of breaking from the course director-SEG presentation model, we could submit an independent review to the evaluations committee (which they would like)
- Potential form for this shared by Will B. that could be used.

• **Project tracker updates:**
Internal medicine clerkship:
- Should we propose a 5 day/week IM clerkship week?
- Given that we are not residents, but medical students, and have studying to do/other obligations, etc.
  - Might get pushback from faculty
  - Part of the 6-day work week is about continuity and integration with the team and seeing what the residency is like.
- Difference between CT and VT
  - No afternoons off in CT
  - Need improved communication on the CT side.

CT Epic training:
- All M2’s will have access to this, even in VT!
- More to come

Anatomy/radiology integration:
- Sounds like people in the class aren’t using it a ton
- It was shown briefly to the M1’s a few weeks ago— fairly new.
  - A reminder that it exists would be great.
  - “Cool resource, not being emphasized much.”
- Having an iPad at each cadaver station from the start, in future years, would be great!
  - Integrating into each individual cadaver station for each team’s dissection.
- Put the link into the VIC calendar of students.

Open note RQ project:
- Some students are taking RQ’s open note— why don’t we just formalize this as being allowed.
  - Part of RQ’s is about accountability- for students to do the work ahead of the class.
  - Helps students to ID their knowledge gaps, and helps instructors know which areas were confusing as well.
  - RQ’s don’t really matter for our grade.
  - Better resource closed book, but by making them open note, can we eliminate the moral conflict for those who do it open note?
- Convoluted in terms of accountability and professionalism. Skirting around the problem that exists.
  - Historically students have gotten in trouble for this, but a larger % of the class is likely doing it. Unfair.
- Possibly professors would be emboldened to write better RQ questions that can’t be answered with notes if they knew that students were doing this.
- Bring this to foundations committee for consideration- Delaney.
- There might be worried about conflating open note RQ’s with open note exams? How far would people take this?
- IDEA: what about “completion” grade for RQ’s rather than numerical grading.

- Room feedback discussion
  - Med-ed 100 sound issues.
  - Works okay if you are good about running around with the hand-held mics.
  - Sound is the responsibility of the course director.
  - Keep Dr. Ravera informed about this, and make sure that TA’s are helping out with using the mics appropriately.
  - Encourage faculty to repeat student answers.

Action Items:

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<tr>
<th>Topic</th>
<th>Action/Initiative Needed</th>
<th>Sub-Committee Owner(s) for Action/Initiative</th>
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<tbody>
<tr>
<td>Fix the SEG link for M1’s</td>
<td>Confusion about finding the right link-improve this process for people!</td>
<td>Anna/Meg</td>
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<tr>
<td>P/F for curriculum</td>
<td>Speak to Leigh ann about how URM data is used at UVM. SEG → give official recommendation? *Gather data from co 2024/2025 *Speak with Dr. Everette on this topic *Do a panel to inform co 2025/2024 about what these two different forms of grading look like.</td>
<td>Raj, speak with Leigh ann to see if she can share the data. Megan/Anna</td>
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<tr>
<td>Radiology/Anatomy integration</td>
<td>-send an email reminding people that it exists? Increase awareness. -Put link into the VIC calendar too?</td>
<td>Will Brown.</td>
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<tr>
<td>RQ’s → open note?</td>
<td>Talk to foundations about this idea.</td>
<td>Delaney</td>
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<tr>
<td>Closing the loop</td>
<td>Email to anna/Meg for next meeting discussion</td>
<td>Everyone</td>
</tr>
<tr>
<td>Any other ideas for action items to be discussed next meeting.</td>
<td>Email anna/Meg for next meeting discussion</td>
<td>Everyone</td>
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