UND SMHS Strategic Plan Individual Unit Report for 2020
GOAL 2 for EDUCATION AND FACULTY AFFAIRS

Mission of Education and Faculty Affairs: *Education and Faculty Affairs sustains a vibrant, inclusive and dynamic environment that enables learners and educators to achieve academic and professional excellence.*

Education and Faculty Affairs and its units provide resources, services and support for academic units as each carries out its strategic initiatives in alignment with UND SMHS Strategic Goals and the OneUND Strategic Plan.

Units Reporting to Associate Dean for Education and Faculty Affairs: Education Resources; Library Resources; Information Resources; Simulation Center; Interprofessional Education; Medical Accreditation

LEARNING
One UND Strategic Plan Goal 2: *Increase undergraduate, graduate, and professional graduation rates.*
UND SMHS Strategic Plan Goal 2: *SMHS Units will expand their current systems of student support to ensure continued high graduation rates and improve student satisfaction with the overall quality of their education.*

1. Describe if/how your unit has addressed this goal.

EDUCATION RESOURCES/MEDICAL EDUCATION
Because Teaching, Learning and Scholarship (TLAS) is not itself an academic program or department, it has no specific curriculum nor students. However, TLAS provides faculty development (23 workshops last year; dozens of recordings and resources on our website; annual needs assessment survey; outreach to departments) and consults specifically with the medical curriculum on multiple initiatives designed to improve student learning and thus, retention and graduation. For example, we have served as a resource on multiple assessment and curriculum initiatives for test preparation (NBME, CBSE, Step 1 preparation), integration of clinical and basic sciences within Phase 1 and Phase 2, and redesign of formative assessment practices (e.g., iSpiral) designed to provide early intervention for struggling students, all of which would be expected to increase student success and retention and graduation.

The Medical Curriculum has expanded our current system of student support through both personnel and structure. The Medical Curriculum has recently hired a Learning Specialist and a Director of the Academic Success Program, who along with a Wellness Advocate (based out of the Department of Psychiatry and Behavioral Science) assists students with the development of tools required to acquire the knowledge, skills and behaviors necessary to be successful in the medical curriculum and in the profession. Our Learning Specialist assists students with the development of academic study plans, time management, test-taking strategies, active learning strategies and memory techniques. Our Director of the Academic Success Program is MBBS/PhD responsible for the Academic Success Program. She collaborates with medical curriculum administrators and staff to develop, coordinate and deliver a longitudinal series of experiences throughout the medical curriculum. Responsibilities are focused on advancing individual student knowledge regarding physician tasks and competencies related to basic medical knowledge/scientific concepts. Specifically, a focus will be on general principles of foundational science, organ systems, multisystem processes and disorders and the relationship of those competencies to profession-related standardized board examinations and licensure. The Academic Success Program will be focused on Phase 1 (pre-clerkship) and will parallel existing medical curricular content. Where applicable, students in allied health professional programs or graduate programs in the School of Medicine and Health Sciences may also participate in particular activities, in whole, or in part. Part of the Academic Success Program is the organization and administration of National Board of Medical Examiners examinations (Customized Assessment, Subject Exams and Comprehensive Basic Science Exams) that serve formative summative and Gateway functions in our curriculum. The Academic Success Program also includes an intensive multi-week, pre-USMLE Step 1 summer course.

The organization and inter-relationship of all of these advisory/ support activities are codified through Wellness, Career Counseling, Academic Advising and Tutoring (assistance with acquiring specific knowledge, skills and behaviors) Systems White Papers and organizational graphics in order to effectively implement a holistic approach to student support. Intentional organizational steps have been recently taken to improve student satisfaction with the overall quality of their medical education. An Office of Medical Program Accreditation and Quality Assurance has been created and acts as to coordinate quality assurance and quality improvement activities between the Dean's Quality Improvement Panel, accreditation review committees (covering Education, Faculty and Student Standards) and Medical Program Committees.

INTERPROFESSIONAL EDUCATION
Collaborative, engaged learning environments employ high-impact practices of team dynamics, understanding of health care team member roles, relationship-building, communication skills and actively assessing and addressing the health care needs of patients and populations to enhance student learning and satisfaction with the quality of their education. The Office of Interprofessional Education was able to convert the Interprofessional Health Care Course, our "anchor" IPE learning experience for 350-400 students annually across 8 professions, to an online version with one week's notice to retain this important required course for medical students and maintain quality established with the traditional in-person course. As well, IPE learning has been incorporated into well received simulations and is in further development for clinical environments to enhance IPE learning experiences.

In summary, Interprofessional education is a logical set of linear, layered, and progressive learning from novice to mastery of these learning objectives across multiple touch points based on nationally recognized competencies and are organized around Domain 7. With the "anchor course" IPHC students learn the basics about teams and teamwork in the context of interprofessional education in an active learning format. Team STEPPS, error disclosure, team case management, and learning from, with, and about each other strengthens not only their own professional identity, they learn about each other's professions, roles, and responsibilities. From this starting point, students go on to simulation and clinical environments where these principles are applied and assessed, preparing them for graduation and practice.

SIMULATION
Incorporation of Clinical Reasoning in Y2 instruction and testing. Class sessions, on-line practice sessions, end-of-block summative assessment using TeachingMedicine.com.

Students complete exams on Standardized Patients, document their History & Physical, record a 5-minute case oral presentation all receiving formative constructive feedback.

Interprofessional Simulations with NDSU Pharmacy, UND Nursing, PT, OT, Social Work, Med School including telemedicine component and with students of diverse intercultural backgrounds.

OFFICE OF MEDICAL PROGRAM ACCREDITATION AND QUALITY IMPROVEMENT
The work of the medical program accreditation review committees utilizing QA and QI processes identified opportunities to ensure higher graduation rates and improve student satisfaction with the overall quality of their education particular in regards to academic advising services. Graduate and student surveys found that medical students were not satisfied with the academic advising services. The current academic advising system was evaluated and opportunities to improve the system have been identified.

LIBRARY RESOURCES
Library Resources supports accomplishment of Goal 2 by educational programs, particularly *information literacy*, by continuing to explore electronic resources that best fit the needs of the SMHS community. We have established trials and temporary access to several new tools made available by vendors during the pandemic quarantine period. We have provided continued library instruction sessions to increase the information literacy levels of faculty and students. With the move to remote, virtual instruction, librarians have been creative and effective in providing content in new and engaging ways.

INFORMATION RESOURCES

Information Resources supports academic programs delivering course materials, instructions and assessments to students and faculty by implementing and maintaining appropriate technologies and systems.

2. Describe how your efforts are being assessed.

EDUCATION RESOURCES/MEDICAL EDUCATION

Counts of TLAS faculty development offerings, website use metrics, participation rates in activities, usage and feedback on forms and initiatives provided by stakeholders. Descriptive statistics and counts of activities; number of students impacted. A doubling of faculty development activities year-over-year reaching 427 attendees indicates good outreach and potential impact on the students of those faculty, but no other direct measures are possible. We will continue to provide the same services and outreach, including piloting a new teaching academy, but these are again only indirectly connected to this goal.

Tactics: Learning specialist, NBME question use in preclinical exams, gateway exam, moving USMLE Step 1 into the clinical phase
Tactics: Reassessment and renewal of the curriculum by the faculty
Metric: Block failure and reexamination rates
      AY 2018-2019
      Block 1: 4 block failures and 14 re-examinations
      Block 2: 5 block failures and 9 re-examinations
      Block 3: 2 block failures and 8 re-examinations
      Block 4: 0 block failures and 10 re-examinations
      Block 5: 1 block failure and 7 re-examinations
      Block 6: 2 block failures and 10 re-examinations
      Block 7: 1 block failure and 3 re-examinations
      Block 8: 1 block failure and 2 re-examinations
      -nine students successfully remediated a failed block in the summer
Comment: Although we could aspire to zero block failures and zero re-examinations, some failures and re-examinations are probably inevitable given the substantial demands of the medical curriculum. These numbers are not remarkable compared with previous years. As we move into Curriculum 1.5 and Curriculum 2.0, the structures of the curriculum will change. For instance, there will no longer be "blocks" in Curriculum 2.0. Our assessments will also change in ways that are not yet determined. Thus, block failure and re-examination rates will become meaningless. However, it will be important to reformulate this metric based upon the new curricular structures and assessments when they are determined and to continue to track such issues closely to make sure that the new compressed curricula do not impair student performance. We are awaiting more information from the assessment design team before we can reformulate this metric, which we will do in next year's report.

Metric: # of students / year who are dismissed after failing first two blocks
AY 2018-2019: 2 students were dismissed after failing two blocks in year 1.
Comment: Again, this is not out of line with previous years' results. Although we propose suspending the "two strike rule" for the next few years while we work through curricular revision and come to understand the implications of our new assessments more fully, it will be important to continue to closely monitor student performance and dismissal rates through MSAPC or its successor. This metric will also be reformulated next year based upon new policy and procedure.

Metric: Student failure to progress through the preclinical phase without interruption
AY 2018-2019: 3 student leaves of absence (health)
Comment: None of these were for academic reasons and none were avoidable. We will continue to track.

Metric: USMLE Step 1 failures
      AY 2018-2019: 2

Comment: This is substantially better than in the previous year. We aspire to zero failures, although this may not be attainable. We hope that our continued improvements in student support and the increasing incorporation of USMLE questions into our various assessments will maintain or even improve this. We will continue to track.

Metric: Mean USMLE Step 1 scores
        AY 2018-2019: 232
Comment: This is better than in the previous year. We hope that our continued improvements in student support and the increasing incorporation of USMLE questions into our various assessments will maintain or even further improve this. We will continue to track.

Metric: Number of students in each quartile of the USMLE Step 1
(assuming a normal distribution)
    AY 2018-2019
    1. <218=23
    2. 219-231=12
    3. 232-244=11
    4. >244=28
Comment: It is interesting that we have a bimodal distribution with sizable contingents in both the lowest and highest quartiles. We will continue to strive to support both low and high performers and will continue to track. We hope to move some of the lowest quartile distribution into the second quartile in the coming years.

Tactics: Mid clerkship rotation feedback on all campuses for all required rotations
Metric: % of students receiving mid clerkship feedback

Rotation	Mid Clerkship Feedback not received
1	Neuro Far 2
2	Psych Far 1, MILE psych 3, MILE neuro 1, Surg Fargo 1
3	MILE FM 1, MILE psych 1, MILE IM 1, MILE Neuro 1
4	ROME FM 1, MILE psych 1, MILE IM 1
5	Psych Far 1
6	MILE neuro 1
2018-2019	17
2017-2018	12
2016-2017	13

Comments: It turns out to be easier to report the number of students who do NOT receive mid-clerkship feedback rather than the percentage who DO receive it. We will change the metric accordingly for next year. While these numbers are not bad, we hope to do better. We are discussing creating a system that will flag students who do not receive mid-clerkship feedback in time to remediate the problem.

Tactics: Develop professionalism standards for clinical clerkships that will make boundaries for expected behavior clear to students.
Metric: Adoption of professionalism standards. The professionalism objective and procedure were adopted for all clerkships. Each department is determining how they will account for it in the clerkship grade.
Comment: This has now been established. We will report back next year how departments will use these in grading.

Tactic: Adoption of a plan and timeline for curriculum revision by FAC.
Metric: Subsequently following this timeline. The timeline for implementation of a revised curriculum is execution of a transitional curriculum for Academic Year 2020-2021 and the revised curriculum for Academic Year 2021-2022. This timeline is currently being successfully met with planning and organization for the transitional curriculum completed for a July 2020 deployment and development of the revised curriculum in progress.

Comment: This will require continued attention as we move into Curriculum 1.5 and then toward 2.0 in the coming year.

Tactic: Development of clinical differential review sessions for pre-clinical students, correlating disease and pathology findings to clinical presentations and approach to management.
Metric: Students attending optional and enhanced learning sessions; evaluations from sessions
Comment: Patient-centered learning, team-based learning, simulation scenarios and oral case presentations, write-ups as part of the ambulatory care experience all are focused on providing both formative and summative feedback regarding clinical presentations. These sessions range from optional high-fidelity simulation scenarios using mannequins to mandatory clinical skills assessment.

INTERPROFESSIONAL EDUCATION
Standardized student evaluations (RIPLS scale) for IPHC, brief, debrief to collect data to assess satisfaction and make ongoing improvements to student IPE experiences. Sim experiences are assessed by the sim team(s) with brief, debrief, and other sim-specific tools.
The online version of IPHC had nearly identical student evaluations as the in-person version with high satisfaction rates.

SIMULATION
Qualtrics surveys to all students participating
After Action meetings for faculty/staff to debrief events
Summative testing of students

OFFICE OF MEDICAL PROGRAM ACCREDITATION AND QUALITY IMPROVEMENT
Student satisfaction data will be tracked annually by UMEC and the Office of Medical Accreditation and reported to the Dean's Quality Improvement Panel further recommendations.

LIBRARY RESOURCES
Data from a Library Resources survey conducted in AY2019-20 indicated satisfaction among survey participants with library resources and services and, particularly, the contribution of librarians to research and learning. Library Resources is developing a more formal method for assessing students' engagement and retention of information literacy competencies.

3. Describe how your unit analyzed these data and what assessments were determined.

EDUCATION RESOURCES/MEDICAL EDUCATION
See above.

INTERPROFESSIONAL EDUCATION
Students report positive experiences with IPE at different "touch points" in the curriculum, consistent with accepted IPE teaching methods. Interaction with other health professions appears to be important for medical student learning.

SIMULATION
Staff member gathers all Qualtrics data, compiles and puts into document for all faculty and staff to review. Information used to make appropriate changes/improvements to sessions.

OFFICE OF MEDICAL PROGRAM ACCREDITATION AND QUALITY IMPROVEMENT
Data from the Graduate Questionnaire and the annual medical student survey are analyzed by UMEC and its committees as well as the medical program's accreditation review committees. National Benchmarking data and previous years' survey are used for comparison in drawing conclusions and recommendations. Student satisfaction data are the primary outcome measurements.

LIBRARY RESOURCES
Survey data were compiled and reported by Dr. Clint Hosford. Regarding Goal 2 and instruction in information literacy, the

survey revealed a high degree of satisfaction with librarians' professionalism, responsiveness, willingness to collaborate and knowledge and expertise. Survey participants agree that librarians are an asset to their research, professional development and learning.

4. Describe how your unit will implement any further changes and what barriers may exist.

EDUCATION RESOURCES/MEDICAL EDUCATION
See above.

INTERPROFESSIONAL EDUCATION
Anticipation of ongoing online or "hybrid" versions of IPE activities will need to continue to improve quality student experiences in this curricular area. As well, ongoing development of IPE activities (i.e., clinical environments, sim) is always active. IPE informs quality future clinical professional interactions.

Anticipated barriers include reception by students of more online or hybrid learning, training enough faculty to do online or hybrid IPE teaching to keep and increase a high level student IPE experience, and the need to overcome usual institutional barriers (dedicated time, who hosts, who teaches, etc) to increase the number of quality sim and clinical IPE experiences. Building quality IP experiences in clinical environments will require creativity as students are scattered across several clinic/hospital systems to establish, maintain, and increase these experiences to enhance skills for graduation.

SIMULATION
Use After Action reports, Qualtric data to identify areas of need/improvement and apply appropriate changes as needed.

Utilizing nationwide reference material obtained from professional simulation and directors' groups. We also contribute to the reference material.

OFFICE OF MEDICAL PROGRAM ACCREDITATION AND QUALITY IMPROVEMENT
Demonstrating how resources are better managed using a systems flow diagram, identifying academic advisors for students at risk for academic failure, and initiating a new peer tutoring system for all interested students are examples of how changes will be implanted.

A barrier to student peer teaching may result when the shorten preclinical phase goes into effect.

LIBRARY RESOURCES
Library Resources' has established the goal of communicating directly with each academic department to review current and improved information literacy integration. Virtual teaching and remote work has been a challenge in conducting this work. Staffing vacancies are also being addressed with the hope of being fully staffed with embedded librarians in fall 2020.

PROVIDE A RATING OF YOUR PROGRESS ON THIS GOAL: 🟢**On Track;** 🟡 **Delayed;** 🔴 **Behind**

🟢   **Education and Faculty Affairs units are on track with progress on Goal 2**