# University of Central Florida
# College of Medicine
# M1/M2 Minutes

Meeting Date: 05/11/2018  Start Time: 3:09p  Adjourn Time: 4:41p

Chair: Dr. Kibble

Attendance: Drs. Kibble, Harris, Berman, Lambert, Cendan, Kauffman, Hernandez, Selim, Topping, Dil, Davey, Husain, Castiglioni, Gorman, Peppler, Daroowalla, Gros, Kay, Phil Bellew, Allison Kommer, Zoe Brown-Weissmann, Elizabeth Ivey, Nadine Dexter, Bee Ben Khallouq, Micah Marshall, Rel Larkin, Alisha Corsi, Melissa Cowan

| Agenda Item | Discussion | Decisions |
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| Approval of minutes | • | • Approved |
| Announcements | • Room bookings<br>  o Finish up requests by June 1st<br>• Timing of M1/M2<br>  o Possibility of moving M1/M2 meeting to 1:00pm on Fridays/potential conflicts<br>• July meeting will be faculty only<br>• Placing orders/budgets<br>  o Modules don't have budgets, M1 and M2 have account numbers<br>  o Place requests with module coordinators<br>  o Possibility of adding budgets to modules<br>• Out of class work policy update<br>  o Average weekly time of assigned reading increased since last year, a number of weeks surpassed the 6 hours allotted<br>  o Total average time is still below 6 hours, be mindful of additional assigned reading/SLMs not given calendar time.<br>• FERPA reminders and Q&A | • |

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| | <ul><li>You can email grades but must protect/encrypt (information is on the outlook send ribbon) what you send, and only within UCF email.</li><li>Avoid giving grades over phone unless you can confirm the information is the student</li><li>Students might have rules that send files/data outside UCF network, so be cautious sending information to students</li><li>It's usually better to refer students in-house rather than communicating grades via email or phone</li></ul> | |
| End of year M2 data | <ul><li>Influence of step 1 on M2 mentality with coursework</li></ul> | <ul><li></li></ul> |
| Novel student performance analysis method | <ul><li>Interruption in academic progress – using growth curves to identify students who are falling behind</li><li>Avoiding course/academic year repetition, dismissal & consequences</li><li>Predictive measures – students begin to stratify early in the curriculum</li><li>Growth curve concept applied to assessment over time<ul><li>Need large enough population to make useful predictions using percentile bands</li><li>Used all data 2013-2018</li><li>38 students had interruption in progress</li><li>All slopes are positive – challenging to identify students who are doing poorly quickly → set mean as zero line (students doing well have positive slope, those doing poorly negative)</li><li>Receiver operating characteristic – 85% accuracy at slope of -5 for this sample (82% sensitive, 86% specific)</li><li>**Motion**: If a student has not already seen intervention and has a -5, SASS office will use this tool to contact the student. Model this data prospectively as observation for upcoming year as potential tool for SEPC to use in future years (both M1 and M2)</li></ul></li><li>Which interventions can improve a student in a -5 situation's outlook? When does a student become unlikely to be able to complete the curriculum?</li></ul> | <ul><li>Motion passes</li></ul> |
| Small group task force | <ul><li>Summary of updated recommendations based on prototyping session (file distributed to the committee)</li></ul> | <ul><li>Motion passes</li></ul> |

| implementation plan | • Template of case designs<br>• Clear roles for faculty/students<br>• Training course for small group design<br>• Bank of tasks/cases<br>• Assessment tools for competencies other than medical knowledge<br>• Learn & implement other active learning tools in addition to small group<br>• Discussion on faculty resources and means to make assessment tools for non-medical knowledge and how it to assess it<br>    o Tools are available, need enough assessors for measurement<br>    o Where in curriculum to represent the small group templates<br>• **Motion**: Accept small group task force recommendations & charge the committee to keep working on small group templates & recommendations | |
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| Continuous assessment and case answers | • Suggestion: do not distribute answers for any material that is or might be assessed on a summative basis in the future, particularly Kuracloud cases.<br>• Need for modules to be consistent to each other with this policy<br>• Alternatively, assess rationale and non-medical knowledge<br>• **Motion**: Stop summatively assessing cases in Kuracloud that have given students answers in the past | • Motion passes |