10/21/21 FSC

Paul Wallach, Dean of Education – In the recent past, IUSM was below average on whether students were satisfied or very satisfied with the medical education program, but now the school is above average at about 90%. We are also doing well in preparation for residency programs. On integration of clinical work with basic science work, the school ranks above average. The faculty is doing well at emphasizing basic science in clinical experiences. We are below benchmarks in behavioral sciences, biostatistics and epidemiology, and introduction to clinical medicine. However, neuroscience and pathology are above averages. The clerkships are doing well and better than before. On NBME scores, our lowest clerkship now ranks at the 48th percentile, but several years ago we weren't above average in anything. We are below average in research experiences in medical school, but the IMPRSS program is helping. Now 77 percent of students say they did research with faculty member. Nationally, 90% of medical students get the MD degree alone, but this number for IUSM is 97%, and we are looking to increase the number of joint-degree students. At the moment, the early decision program for admission to medical school has 74 acceptances. When students fail a course, only 50% graduate on time, so we need to do a better job of keeping students having difficulty on track. The scholarly concentration program now has programs at every campus, with 140 students enrolled, 3 graduated, and 24 withdrawals. Point of care ultrasound is now moving into all four years of the curriculum.

Emily Pierce, Chair of Student Promotions Committee – The committee acts as a gatekeeper for students with difficulties in academics or professionalism, especially repeated academic or significant professionalism issues. It meets about 16 times per year, considering up to 8 students a meeting. Now meetings are on Zoom, which has worked well. Faculty attendance is over 90%. The opportunity to delay the Step I exam until after phase 2 year does not help our students, as outcomes often are not good. These are students who would probably have difficult anyway. Some of these students may be dismissed. We need to do a better job of finding students who won't succeed early on in their training and help them find other paths. Some have 4 or 5 years of debt, which makes leaving medical school especially problematic. After two years, they can get an MS degree. The longer students wait after their courses, the worse they do on Step I, so delays don't help. At a typical meeting, about 20-30 students are discussed and 3-5 are seen at each meeting. Two things that hurt students most are refusal to accept help and use take advantage of the resources that are available. Professionalism difficulties have increased recently – not showing up or on time, not turning in things, taking the easy way out. Students need to take ownership of their education.

Lindsey Mayo for IFC and UFC – The faculty council is trying to create wording to address microaggressions as a part of university policy.