PEAS Minutes
September 26, 2017 (12:00 - 1:00 p.m.)

Voting Members in Attendance:
Bill Wright, PhD
Anna Blenda, PhD
Allison Young, MD
Jim Sullivan, M2
Jennifer Trilk, PhD
Ann Blair Kennedy, DrPh
Paul Catalana, MD
Mark Carithers, MD

Other Attendees:
Mendy Ingiaimo
Rick Hodinka, PhD (ex-officio)
Mo Khalil, PhD
Thomas Nathaniel, PhD
Alex Tharpe

Not in Attendance:
Jamie Zink, M3

I.   **Meeting minutes from August 22, 2017 meeting**
  a.   Minutes are reviewed and approved
II. **Step 1 predictive model- Dr. Khalil**
  a.   The purpose of presenting this model is to determine how early we can identify students that will struggle with Step 1.
  b.   The data presented is from the first 3 classes at the medical school.
  c.   3 models we presented.
      i.   Pre-matriculation- the model is based on MCAT scores and GPA from undergrad.
      ii. End of M1 year- this model is based on performance in M1 BMS modules, CBSE exams and Lassi scores.
      iii. End of M2 year- this model includes all data from the end of m1 model, but also contains all of the students' M2 BMS modules and overall weighted preclinical grade.
  d.   Dr. Khalil is asked to explain Lassi- It's a "test" that students complete. It asks questions about anxiety, test taking strategies, etc. There are no right or wrong answers.
  e.   Dr. Khalil states that Model 2 (Overall combined M1 and M2) is best predictor of Step 1 score.

f. For the end of M2 model, there is more information on students and room for less error. The more variables that are added, the R value will increase.

g. End of M2 model is the best predictor for Step 1 score, but do we need to wait until this time to start intervening? End of M1 R-value is high enough to begin intervening.

h. The main purpose of this model is not to predict Step 1 score, but to know when to intervene. Dr. Buchanan wants this to know how to intervene and when.

i. Dr. Young asks can the same information come from one single measure. She is answered with "Using 1 independent variable, will not have causal effects--need multiple measures." Dr. Young states that she can talk to students for 10 minutes and be able to tell they will not do well on Step 1.

j. Dr. Hodinka asks "How quickly can you pick up someone with the model". He is answered with "We look at the end of M1 because there are many data points. Dr. Hodinka thinks we should intervene after EMT. All students take EMT before module course work, and surprisingly, many students fail EMT exams prior to adjustments.

k. Everyone agrees that they would like to intervene as early as possible.

l. Right now, we normally intervene after Structure and Function 1.

m. There is discussion as to why the Lassi is not given earlier. Dr. Catalana says that Lassi use to be given earlier on, but students need to experience Medical School for a while so that the Lassi is most accurate.

n. More questions are asked about the Lassi. "In undergrad, do students have issues with time management and anxiety?" In undergrad these issues are less present because the curriculum is less rigorous. "Would giving the Lassi during EMT produce the results that we are looking for?" Many think that is still too early on to tell.

o. Can we establish a Pre-matriculation program? Can it be online where no one is identifiable?

III. **Assessment Challenges**

a. Do we need to continue student challenges? Many challenges are statements rather than challenges.

b. The presenter, Jim Sullivan, says there was a misconception of how challenges were accepted by faculty.

c. Challenge responses are only seen at the summative review, where the attendance has been historically low. Attendance in review has been a lot higher since this challenge discussion has started.

d. Results of survey- Majority of students are ok with having no feedback at all. The class likes some amount of challenges, but the feedback from faculty is not as beneficial in comparison with time it took.

e. With this information, what should we be moving towards?

f. We would like to vote at the next meeting.

IV. **Step 2 CK Data**

a. Please note that this contains data for all of Class of 2017 and half of 2018.

b. We are below mean on behavioral health and renal.

c. Students are performing high at M2 but not at Step 1 mean.

      d.   We need to increase rigor of M2 module.

V.   **USC Assessment Plan**

      a.   Developed by an individual and reviewed by an individual. We will now will be reporting every 2 years instead of every year.

      b.   Data entered and can be changed until March. This will be taken to all M1-M3 subcommittees. All faculty will review this information.

      c.   No vote needed. This will just be reviewed and presented at committees.

      d.   Top part of document is reporting on previous year and then objectives for coming year.

VI.   **Meeting adjourned at 1:09 p.m.**