**Minutes – AMES meeting on February 17, 2014**

Present: Amy, Helen, Chris, Ed, John, Kevin, Marc, Nafees, Paul G, Paul St. J, Sean

Excused: Celia, Deb, Todd

1. Paul started the meeting with a discussion of educational research and the joy he’s feeling related to the work of AMES. They’ve had many accomplishments over the past 3 years and are now moving into the role of Educational Researchers. Although we won’t make the policy, it is hoped that our research and analysis of data will inform the policies in the College of Medicine.
2. We talked about the new ‘post-bac’ program to begin soon.
3. We talked about the policy requiring students with exam grades <75% to engage with the study groups through the Student Development Office. The concerns expressed about this policy (Policy on Required Study Group Participation) and possible changes to the policy demonstrate the possibility of how we can inform policy with our future research.
4. We then talked about the research questions posed by members. Their original ideas are copied below. The italicized comments are a summary of today’s discussion.

**AMES Research Agenda – Possible Questions**

1. Helen Amerongen
   1. A potential concern with students podcasting rather than attending lectures has to do with the social dimension of medical school - bonding with classmates, learning to get along with a diverse group of colleagues, developing a social identity as physicians, developing responsible work habits, etc.
   2. Do students who podcast regularly miss out on any of these aspects of learning, e.g. might they fail to develop the self-discipline/work habits that showing up for work at set times will require once they graduate?  Do regular podcasters have more difficulty adhering to clerkship schedules than lecture attenders?
   3. Possibly, we have enough required sessions such as TL and CBI that students' social exposure is not significantly diminished by non-attendance at lecture and most aspects of social learning would be difficult to measure in any case, but it's another dimension to consider.

*The idea was raised to use Faculty CBI survey/evaluation data to inform Helen’s question of social engagement. This is not a top priority for Helen at this time. We will address later on.*

1. Kevin Moynahan
   1. Given the increasing emphasis on Step exam scores and the current (and somewhat dire) situation regarding GME slots, I am interested in studying what pre-matriculation metrics (MCAT, GPA, etc.) and what post-matriculation metrics (MK scores, attending class vs. podcast, clerkship shelf exam scores) predict passing and scoring well on USMLE Step 1 and 2.  If we know which local factors affect our students’ scores, perhaps we can develop additional strategies to ensure their success.  I know that we used to have data comparing MK scores for years 1 and 2 as predictors for passing step 1 – I’m not sure if that data has been run recently.  Although potential complicated, we could also survey students personal preparation and sort by materials/time studying and correlate with Step scores (correcting for MK scores/shelf exam scores as needed).

*Will work with Celia to integrate these of databases into our current database (MCAT, GPA, etc). Kevin will also work with Amy’s data related to study time as a predictor of success on Step 1.*

1. Todd Vanderah
   1. I am interested in using the collected material to advance faculty lectures and faculty training.  What can we learn from the podcast data in years one and two to improve our abilities to teach the medical students (i.e., have more cases presentations, more questions during lecture, tag-team lectures between basic science and clinician, correlations to board prep material, etc.).

*There are students who will always attend lecture just as there are students who will never attend. Is there a group in between that might attend if the lecture was better or as Marc said, if the notes weren’t so good? (Faculty development). Kevin commented that he didn’t think so. We expect so much of students (particularly in year 2) that the only way to stay current with the block and study for Step 1 is through podcasting. A suggestion was made to possibly change the question on the student survey? (I didn’t take precise notes on this point).*

1. Sean Elliott
   1. There is copious data on resident performance thanks to the Next Accreditation System, which will include all specialties in the relatively near future. Currently, Peds, Emergency Medicine, Radiology, Orthopedics, Neurosurgery, Urology, and Medicine are active in the NAS and generating bi-annual evaluations of their residents using each specialties’ Milestones.  The Milestones are uniform across each specialty, although the manner in which they are evaluated will vary from program to program.
   2. I wonder whether we could ask for this Milestone based evaluation when the College of Medicine contacts GME programs to assess its graduates? Because the post-graduation assessment already occurs as part of our standard evaluation process at AZCOM, this should be easily allowable by the Human Subjects Committee. Perhaps we can explore this for the 7 specialties currently active in NAS as a pilot study, then go whole-hog next year when additional specialties (including yours!) are live as well…

*Sean wants to integrate information from the Program Directors’ questionnaire about our alumni with Milestone Data. He will work with Amy to get the data.*

1. Paul St. John
   1. I'm interested in measuring outcomes of our curriculum.  One set of measures is Step scores.  I'd like to re-examine the relationship between block exam scores and Step 1 scores.  I'm interested to see how tight the correlation is when we get down to individual exams, rather than the single, all-blocks MK score that was used in the previous analysis, and whether there's any threshhold effect there with regard to failing Step 1.

*A lot of discussion here. The current Study Group Participation policy was based on an observation related to overall MK scores – not individual Block MK scores. We need to further explore this and examine in more detail. Is it block specific? Is 75% the correct threshold? We need to use only MK exam scores, not total MK scores which include TL and Practical exams. Marc will help Paul with these questions.*