

Other Attendees		
Blake Cicenas	Patrick J Puskala	
Britt Ernst	Joann D Scozzari	
Rachel Poeppelman	Holly M Proffitt	
Elisabeth Arendt	Becky Borg	
Mitch Gmyrek	Jackie Gauer	
Jodi Osborn	Janell Lopez	
Jess Blum	Clay Hoerig	
Maryanne Reilly-Spong	Tommy Van Norman	
Addy Irvine		

700-705 Welcome & Announcements

Wyman

- Approval of [August minutes](#)
 - The minutes are **approved** with 16 approval votes, 0 deny, 4 abstentions
- [Excused absences for interviews](#) (Kim)
 - Students are allowed an additional half day off per week doing rotations specifically for the purpose of residency interviews.

705-715 MSEC Update

Lassiter

- [MSEC Minutes](#)
- EPAC credit variance for the Class of 2028 was approved.
- The Academic Progress and Graduation Policy for 2028 and beyond was discussed and approved.

715-730 [Syllabus and Grid Update](#) (Element 9.4)

Proffitt

- The Clerkship syllabi has been updated to become more in alignment with the Foundations Phase syllabi in an effort to create a more cohesive curriculum.
- Changes include an updated syllabus template and a new Clerkship Learning Goals and Objectives grid.
- The purpose of this is to be in alignment with the MedMap curriculum mapping and to prepare for the upcoming LCME visit.
- Syllabi updates due November 1st.
- Concerns are raised about the fragmented approach to learning goals across clerkships, suggesting a need for a unified perspective aligned with graduation competencies. Jess recommends using existing learning goals and objectives as guides, particularly those from the clinical skills course and foundations phase, and proposed discussing this further in the clerkship director working group to avoid redundant goals across clerkships. Holly discussed plans to revive a shared spreadsheet for clerkship learning goals with plans to review it collaboratively at the October Clerkship Director meeting.

730-745

[MSPE Comments](#) (Element 11.6)

Kim

- Michael presents the MSPE Proposal for Class 2027, which includes details about the grading system and EPA requirements.
- There is a suggestion to add a simple table that defines EPA 1, 2, 5, 6
- There is a question about how to handle student inquiries about including OSCE scores on MSPEs, with Michael explaining the exam is competency-based and not intended for student differentiation so it historically is not included on the MSPEs.

745-825

[Updated EPA proposal](#) (Element 9.7)

Violato, Poeppelman

- [Video](#), [Slides](#)
- Proposal highlights include
 - Extend the requirement for Core EPAs 1, 2, 5, and 6 beyond the class of 2027
 - For the class of 2028, add Core EPAs 3, 7, and 9
 - Add a requirement to collect 3 EPAs per week to the Acting Internship (to start Jan 2027)
 - Clerkship Directors work with ACE team to disseminate faculty development around the new requirements
- Rachel noted that students are currently not collecting enough data on EPA 7, which could be addressed by targeted interventions
- About two thirds of EPA are completed by residents and one third by faculty. Residents are often better suited to evaluate certain EPAs, particularly in the ICU, as they observe students more frequently. Data shows no significant different in the ratings by residents vs faculty
- Concerns are raised about capturing interprofessional learning experiences in the outpatient setting, particularly for EPA 9. Rachel suggested that faculty development is needed to better focus on what is being evaluated in EPA 9. The importance of student development/coaching in explicitly recognizing and demonstrating their interprofessional skills is also emphasized.
- The first class to have required coaching sessions showed improved attendance and participation compared to previous optional sessions.
- Emily reports positive feedback from her clinical coaching sessions and highlights the needs for flexibility in the number of EPA a student can get per week.
- Matthew raised concerns about the shift from low-stakes EPA assessments to high-stakes graduation requirements, which Rachel addressed by explaining changes to the entrustment committee process and emphasizing that individual EPA assessments remain formative in nature.
- Rachel clarified that the requirement for consideration of entrustment is based solely on the volume of EPAs logged, not specific rating requirements, allowing committees to interpret data contextually.
- Rachel noted that reassigning feedback between EPAs is not currently possible due to data integrity concerns.
- The proposal is **approved** with 15 approval votes, 1 deny, and 4 abstentions
- Claudio provides a brief update to the CSA assessments - they are revising it to improve technology, change the scale from 1-5 to 7 points, and clarify the pass-fail threshold. The committee can expect a proposal to vote on at next month's meeting

8.7 Comparability of Education/Assessment

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

9.4 Assessment System

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

Element 9.7 Formative Assessment and Feedback

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.

11.6 Student Access to Educational Records

A medical school has policies and procedures in place that permit a medical student to review and to challenge the student's educational records, including the Medical Student Performance Evaluation, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.