

January 2nd 2024

6:00 PM – Call for Meeting & Attendance and NEW Quorum (M2 class on dedicated and excused per Constitution)

Quorum has been set at 20 members due to excused absences for M2 dedicated students

Quorum has been met

6:05 PM – Guest Speakers/Presentations (1 hr)

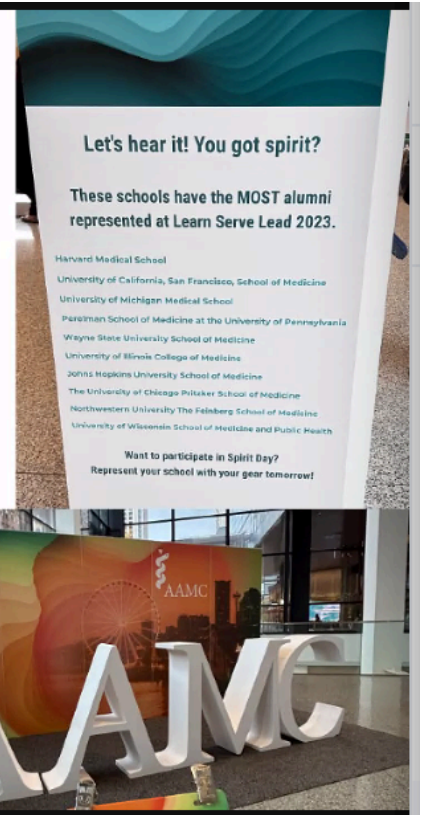
1. [Presentation] OSR AAMC Presentation

Overview

- Conference Overview
 - OSR Session Recap
 - Next Steps
 - Questions
-

Conference Overview

- November 3rd - November 7th, 2023
- Annual AAMC conference that brings together all stakeholders in medical education
- Covered a wide range of topics in med-ed from student affairs, assessment, mental health, UME-GME transition, and more.



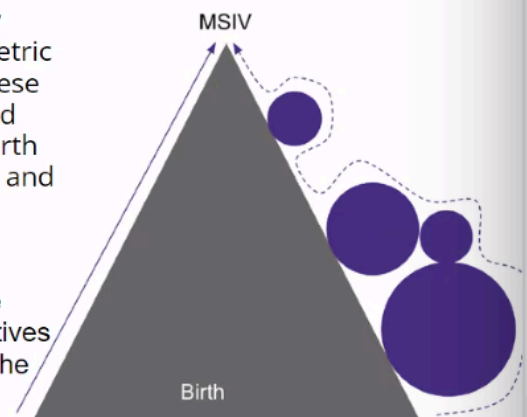
Joint OSR/Admin Priorities

- Diversity (scholarships/recruitment/retention)
- Communication with Student Body
- Board Exam Prep (Step 1 and Step 2)
- Wellness during clerkship years
- Transition to GME



Ced's Sessions

- Academic Health Centers, Health Systems, and Health Platforms: Future Trends
 - Global nature of trends in medicine, recognize that our issues are not all issues and solutions may lie in other health ecosystems
- Race Neutral Admissions: Effective strategies from 3 medical schools
 - UC Davis, Michigan State, Washington State University
 - Programs are utilizing "Distance Travelled" as a new metric to assess the experiences that are not quantifiable. These are the experiences that are tied to socio-economic and other barriers that students have encountered from birth
 - Numeric value for non-cognitive attributes such as grit and resilience
 - Secondary essays to address diversity:
 - American society has confronted a variety of systemic injustices throughout its history. Considering your own life experiences up to now, share your thoughts and perspectives about this statement using the lens from which you view the world around you



Ced's Sessions (Con't)

- Race Neutral Admissions

Interview questions (example)

Applicant Scenario:

Krista and Jami Contreras (two women) were married in Vermont in 2012 and later moved to Michigan. In October 2014 they welcomed a baby into the world. Prior to their child's birth, they had a pediatric consultation with a physician. "We were really happy with her," Krista said. "We liked her personality; she seemed pretty friendly."

Soon after the baby's arrival, they made an appointment with their daughter's pediatrician. Upon arriving, they were told that their daughter would be seeing a different doctor. This doctor told them that their original doctor had decided that she wouldn't be able to care for their baby due to her discomfort with gay parents. Embarrassed, upset, and angry, they told their story on various social media outlets, which allowed it to be discovered by mainstream news media. Four months later, the couple received a thoughtful and apologetic letter from the initial doctor, recognizing that she should have addressed the situation better and in person.

When indicated by the Zoom host, greet your interviewer, and begin by discussing your initial thoughts, explaining why you feel the way you do.

- Integrating Diversity into the mission of the admissions office and the school
- Washington State University recruits heavily locally and has pathway programs that are specific to the groups that they want to serve
 - RISE - Reimagine IndianS into Medicine
 - Dare to Dream
- Students from higher SES are overrepresented in every demographic, increase intentionality reaching students from lower income schools

Question: With the luxury of time, how do we implement these policies?

Schedule with Dr. Sprague to discuss these strategies/this data, and how to implement them in a timely fashion?

I think this is a great idea, I'm not positive in terms of how the admissions process has changed since my admission, but a review of current practices, and how to work with other institutions

I think that working with LOA and DEI conversations, someone such as you would be a great representative in multiple areas

UW process?

They did discuss this, and have a high attention to local talent, which is unique. Especially community colleges, and aggregating GPA and MCAT score which has been shown to be a better metric for STEP 1 or Med School academic success. In terms of that, this is the unique part, and making sure that they attract local talent. They just have some very attractive practices, and will be sure to implement these moving forward

Ced's Sessions

- Assessment of Learners
 - Evaluations for courses can have extreme bias, address by diversifying the way that the evaluations are delivered
 - 3rd party evaluators, randomized student sampling, focus groups for feedback, prediction based feedback - "What do I think my peers feel about this course"
- Transition to Residency
 - Venting session
- ERAS: Our continuing Focus on the Future
 - Rename "Publications" to scholarly work and changing the ordering and Top 3 Publications
 - Standardized drop down options for memberships, awards, and licenses
 - Fee assistance is expanded to cover ERAS applications if you qualified for medical school admission (60% discount on 50 applications)
 - Considering
 - Limiting the number of publications

Riya's Sessions

- Interprofessional Education for More Effective Collaborative Practice
 - IPE on the rise and has growing challenges to determine what is working and what is the reality
 - New sub-competencies: values/ethics, communications, teams and teamwork, and roles/responsibilities released on 11/13/2023
 - Univ. of Oklahoma has a unity clinic that integrates IPE into clinical outcomes
 - WashU STL has a longitudinal, competency-based IPE program
 - Expand IPE to involve law students for advocacy programs (law + med students together)
- Leadership Development Program for Learners
 - AAMC has a RISE program for leadership development for medical students
 - UMich Leadership Development Program
 - Methods: small groups, expert panels, content, other program interface (IPE), student leadership 360, deeper dive electives, student-initiated components
 - Univ. of Utah RealMD Program
 - Student led: Students decided on topics and speakers for an interactive lunch session, Also created a workbook to disseminate to students
 - Vanderbilt Curriculum
 - Leadership development integrated into learning communities -> over all 4 years

Riya's Sessions

- Pass/Fail Clerkships: Too Soon, Too Late, or Just Right?
 - Southern Illinois University - known to be a bit unconventional in their curriculum
 - NO Shelf Exams, no required lectures, clinical grade based ONLY on clinical evals
 - Smaller class size (60 students) -> not transferable to WSUSOM
 - Outcomes: only 3 students fail/year, no change in match data, better wellbeing in 3rd year, continue to do well on Step 2
 - Currently 20 other schools also use P/F grading system
- Interesting POSTERS
 - BIG interview: AI Based Interview Practice Platform for M4s
 - Diagnostic reasoning tool for interactive pre-clinical curriculum

Issac's Sessions

- UME -> GME: **National Consensus for Topics for Transition to Residency Courses**
 - Clinical Skills
 - Communication Skills
 - Personal/Professional Skills
 - Procedural Skills
- AI in Healthcare Part I: **Are we ready to integrate AI Literacy into Med School Curriculum (survey)**
 - Overview
- AI in Healthcare Part II: **Introducing AI Training in MedEd**
 - Overview
 - Advantages
 - Opportunities and Risks

UME to GME Transition:

National Consensus for Topics for Transition to Residency Courses

Clinical Skills

- Common inpatient complaints
 - Assessment & Management: acute pain, altered mental status, chest pain, fever, nausea/vomiting, shortness of breath
- The critically ill patient
 - ID and stabilization
- Patient safety issues
 - recognize and report

Communication Skills

- Effective communication
 - Delivering serious news/difficult conversations
 - De-escalation in difficult provider-patient interactions
 - Care transitions
 - handoffs and sign-out

Personal/Professional Skills

- Effective prioritization of daily clinical tasks
- Application of strategies for personal wellness and resilience
- Effective supervision and teaching of med students

Procedural

- Performing mask ventilation

AI in Healthcare/Medical Education Part I:

Are we ready to integrate AI literacy into medical school curriculum? (survey)

How are individuals (students & faculty) being introduced?

- Relatively low awareness of AI topics in medicine
- Most are coming across via media (social, news articles, etc.)

Interest and Familiarity

- Faculty more likely to not have basic understanding of AI technology
- Overall interest amongst students and faculty in AI tech
 - Students: use in patient care training
 - Faculty: use in teaching training
- Overall **positive** attitude towards AI in medicine, though concerns exist (e.g. - ethics)



AI in Healthcare/Medical Education Part II:

Introducing AI Training in Medical Education

- Summary
 - Overall, potential advantages, but do they outweigh the risks? & Philosophy of “Medicine is an Art”

Advantages

- Physicians + Machines may have the greatest potential to improve clinical decision making and patient health outcomes
- AI = faster and more accurate diagnosis
 - Reduce errors (esp. Due to human fatigue), decrease medical costs and replace dull, repetitive and labor intensive tasks
- AI may reduce mortality rate and engage in minimally invasive surgery
- AI can curate/process more data AND can access and analyze more information
 - Medical records, genetic reports, pharmacy notes, environmental data, etc.

Risks (Opportunities)

- Equity
- Transparency
- Trust
- Accountability
- **Data bias**
 - <https://cse.engin.umich.edu/stories/clinicians-could-be-fooled-by-biased-ai-despite-explanations#:~:text=Regulators%20pinned%20their%20hopes%20on,isn't%20a%20safe%20approach.>
- Personal bias
- Ethics (research and biomedicine)
- “Principle of Ethical Double Effects”
 - If an action has foreseeable harmful effects that are inseparable from the good, it is justifiable IF (nature of act is good, good intent, good outweighs bad)

AI in Healthcare/Medical Education Part II (cont.):

Introducing AI Training in Medical Education

Concern: Need to have knowledge of AI, data sciences, ethics & legal issues regarding AI

Recommended Solution: Revamp curricula and testing via “staged approach”

Pre-Medical (Undergraduate)

- MCAT: Include questions re: linear algebra (vectors, linear transformations, matrix), calculus (integral, differential, limits), probability (joint, conditional, and distribution)
 - GRE mathematics test

UME (Medical School: Core Phase)

- Work with medical data sets (curation, provenance, integration, and governance), EHRs, AI fundamentals, and Ethics & Legal
 - Public datasets, AI fundamentals, [AI 101 course from MIT](#), Ethics and Law, Policy, AI Law, HER (“healthcare electronic records”)

UME (Medical School: Clinical Phase)

- Familiarize with AI-based clinical applications & expand knowledge beyond basic principles of data and AI
 - [Center for AI in Medicine and Imaging from Stanford](#), AI in Healthcare Accelerated Program, USDHHS

USMLE

- Incorporate questions re: data sciences, AI, and working w/HER
 - Data sciences courses

AI in Healthcare/Medical Education Part II (cont.):

Introducing AI Training in Medical Education

GME (Residency and Fellowship)

- Detailed knowledge on clinical applications and attend conference in healthcare AI
- Step 3

State Licensing, Specialty Board/Maintenance Certification, AMA (Practice)

- Stay updated on data/AI through CME credits and attend conference in health care AI
- Board exams

Local Leaders: University of Michigan's e-HAIL (e-Health and Artificial Intelligence)

Who: College of Engineering and Michigan Medicine (faculty only...for now)

What: Collaboration, grant development, infrastructure to support innovations in healthcare and AI/ML methodologies

Examples: grant application prep, curriculum revamp, innovation, and networking

For more information, please visit <https://e-hail.umich.edu/>

Question: Convo with an M! Who was a biosystems engineer, AI in the clinical setting will likely be in specific specialties. Example, we don't have scopes in IM. Did they mention anything regarding radiology and AI?

Did not hear anything specific, but this is part of the discussion. Can we expand AI outside of these domains where it intuitively makes sense (Rads, Path, etc.). There is a large discussion about "Medicine as an art" and how it cannot be taught, and you can't code how to perform it.

Reminding me of the writers guild, and the terror over AI movie scripts. I'm curious to know why the research trends towards why doctors will be replaced and not towards repairing the flaws that currently exist within AI.

I would encourage exploration into where and how money plays into this discussion. It takes a lot of money to pay trained individuals versus just having a robot do it.

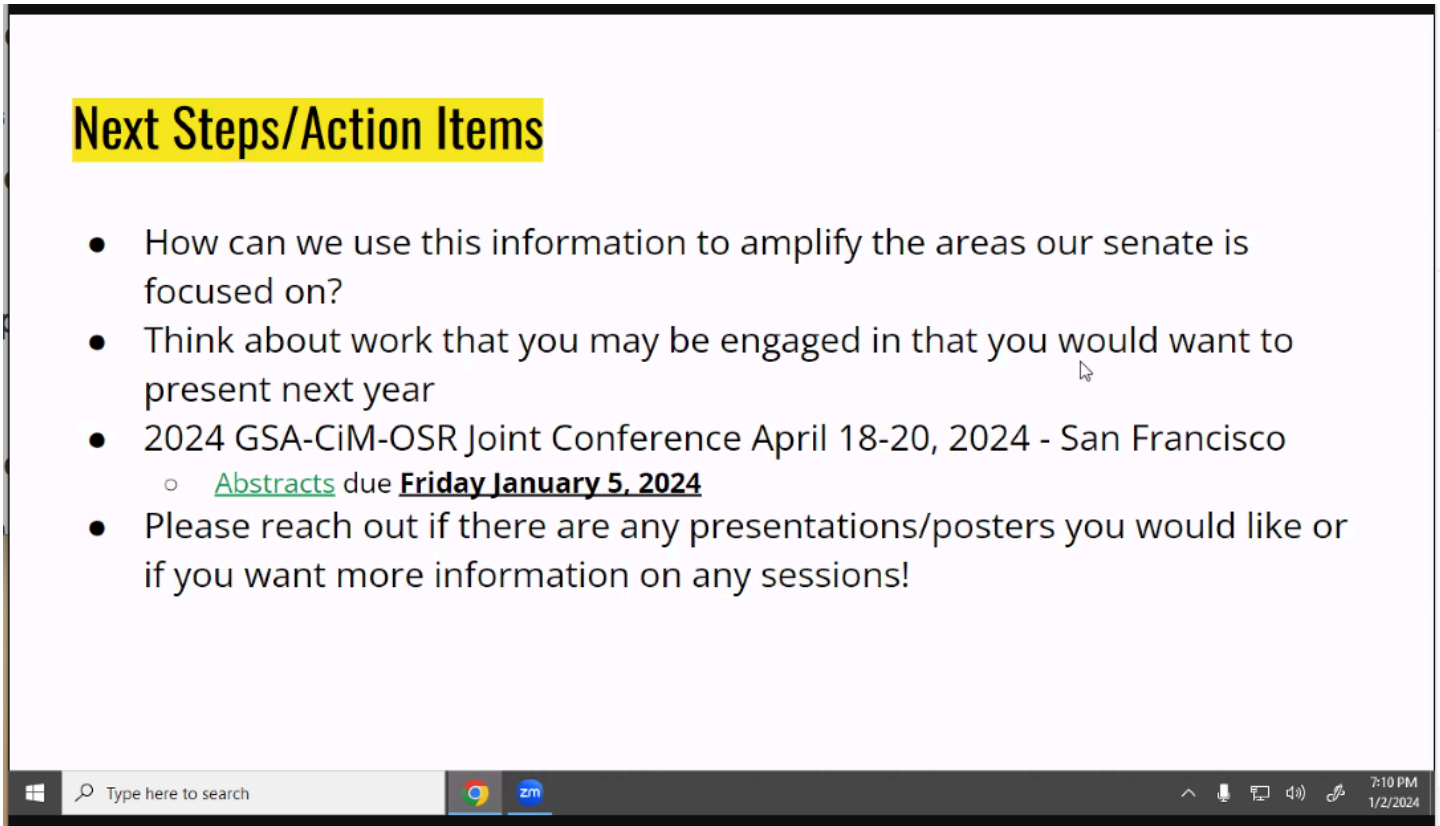
Thank you for looking more into this topic. Have you heard anything more about how AI and these tools will be used to help study strategies? Especially with the level of training that AI requires to use, but how can it be used to personalize med ed or study plans, and how can students use this more on a personal basis?

I was unable to attend that conference but I did request that paper, waiting on receipt. But I think these questions happen when you have a business driven endeavor. When you have individuals focus on decreasing the bottom line versus peoples health. The question is rarely "how can we do this" instead of "should we be doing this? Or how can we do this in a safe and humane way?" I know outside of healthcare, a lot of the discussion is people using

AI in place of learning the material. And one solution I saw, or incorporation, is using AI as part of their homework and then correct AI. So the challenge is not “avoid AI” but “use AI and be able to identify when and where AI is wrong”. So this could be a large area in correcting data bias, especially in the aforementioned study.

One last thing, since the goal was applicable goals within our curriculum, would you be interested in presenting this to the Tech committee and advocating something to incorporate WSUSOM in the conversation?

Absolutely!



Next Steps/Action Items

- How can we use this information to amplify the areas our senate is focused on?
- Think about work that you may be engaged in that you would want to present next year
- 2024 GSA-CiM-OSR Joint Conference April 18-20, 2024 - San Francisco
 - [Abstracts](#) due **Friday January 5, 2024**
- Please reach out if there are any presentations/posters you would like or if you want more information on any sessions!

Windows taskbar: Type here to search, Chrome, zm, 7:10 PM 1/2/2024

Could we add these OSR presentations for the senate website so that future EXEC classes can use this information in their own future goals?

For sure, and everyone should have our contact information to distribute this info as needed

7:05 PM – New Business (0 minutes)

1. None

7:05 PM – Old Business (10 Minutes)

1. [Discussion] Apparel Sale (5 min)

Apparel Sale Update

Updates:

- Low profit about 200 dollars
- 700 dollar License fee? Lessons for future senators
- Thank you to all who helped. Shout out to Student Dr. Zoha Qureishi

In discussions with other organizations, this has not been an issue of the “License fee”. So we will continue to discuss, why we weren’t made aware of this prior, and where this came from.

There was one email that was given that gave prices prior to our marking up. And an amount was stated that did not reflect this \$700 fee. Only a discussion with Wayne Admin. So even if they refuse to refund, we should argue for a contract to prevent this from happening with other orgs.

I pulled up the invoices from a prior sale, with some mention of “royalties” but it was not to this amount.

We can go back, especially with BSO and other orgs, and take our business elsewhere.

The License fee should not be allowed, as this fee should already be covered by the main campus. This is not precedented that the fee comes from the students or the orgs themselves. Last time this occurred, they stated that any issue would be a slight upcharge.

The major problem we have is where this payment is coming from, and why the students should suffer.

Regardless, and why we didn’t do it with other distributors, so if they get a non-profit then they can utilize the sale for a write off.

Regardless, I don't believe we should do this sale again with this provider unless we can determine their practices. And we can give this to any vendor, correct? As it is not UGP property.

That is correct, this is our property so should have no issues on that front.

2. [Discussion] LOA (Leave of Absence) survey update (5 min)

A lot of data that presents

I love this survey, and I'm disappointed in a lot of the response.s I think one area, it can be very helpful to talk about these ideas in an open forum, and the school has not created a space to create community. I know for at least the people that would be returning to the Co2026, they have a lull prior to clerkships. So perhaps inviting these poep in a dialogue at this time. One could be for the Uworld extension, which you have to activate right away which may not be ideal for students. This could be expanded in an open forum

I would need to clarify, because I don't' believe we were able to get the names of the listserv. So to get this info could be complicated

So then we could reach out through damon. And get that info

Great, and we could tell them this is not required, but simply a space to encourage solutions

I think that maybe one of the more important things to advocate for is academic resources WHILE they are on LOA, and the individuals were let alone to study which has impaired their ability. Like how are you expected to do it again with LESS resources? Even if the school could offer tutoring or other resources it could be helpful. And this survey shows that. I just think we need to offer that support, but from my experience it is not enough at this point.

I did state something to the deans, and they discussed that med school is a train. And I demonstrated that LOA is not "getting off" but "getting kicked off and asked to jump back on a moving train"

Ok so my question is less about academic resources, but rather it was other resources that they needed in order to do well. So can we also make sure to look into students and make sure they connect with their original class as well? Because there is a sense of loss and having opportunities to connect with both their prior class and their new class. I'm not sure what body is responsible, but just doing mental health checks to ensure these students are doing well.

I'm very proud of this senate as it's the first time we're analyzing this critically,, but making sure that we are being part of the solution for these LOA students. You don't stop being a Wayne student, why would we continue to deprive you of those resources and community that you've built?

So are you eligible for CAPS services since you are not a Wayne Student? So a solution could be that the “Masters of counseling” called MHOC, who are able to take on patients. ONLY downside is the sessions are recorded for grading. But it’s free for all members of the detroit community, so could be an option

We offer our admin solutions, but they have to be the ones to take it

Also as well, even if there are all these resources, they are not available right away. Info is given by hand me down or trickle in. There should be a handbook that lists these resources. So the lack of resources could be a major stress source for these students as well.

Agreed, a lot of these students say that the school takes weeks to reach out.

Just real quickly, there is a handbook that is slowly getting released. And I think that having an LOA session to show these students would be helpful. So getting information from these students could be very helpful.

Hey all, happy new years by the way. So in talking with individuals who have taken LOAs, my understanding is that the school gathers these people and brings them together. SO I think we need better info as to where this breakdown occurs. This community has to be maintained naturally, like the school can’t force it. So this community is important, but we need to know how and what is happening

Our advocacy would be stronger with anecdotal data, and hopefully come up with more tangible solutions moving forward.

I think that it could be helpful for OSR to back, is that at other schools students who fail STEP are still allowed to continue into clerkships

So we have brought this up with the admin and are getting pushback. So lit review of other schools, and getting data, that other schools are not doing this. Other schools are “LCME allows that? HOW?” The Goal is to present this data to Dr. Steffes, but we need this data first.

Can you go through the application process without STEP 1 or 2?

Technically yes, but again it is not recommended and it would seriously put you back as an applicant

In terms of a lit review, one way to strengthen this is how these students do continuing with clerkships after STEP fails. And also, as an MD-PHD, the leave into thePHD is where a lot of transition issues arise. Jamie Kreuger is a great resource for this, as she coordinates with us.

I think that this is both ways, but I can figure it out. Especially for the financial and academic aspect

For these students that Fail STEP 1 and then continue clerkship, when do they take this?

So other schools take time from 4th year and then can start clerkships later. So not as many electives but still

DETOUR ABOUT UOFM CURRICULUM

So yea I think a lot of just needing a few extra weeks, you can draw from your fourth year. The issue is a culture issue, since we are so large we are very standardized. We can put this as a quote, “There is one train stop where you can get on and off for the third year” and I think that this is a very detrimental view of clerkships. I also just remember something about whether you take a personal or medical leave of absence, you need to state it before december, so if you take it after this date, does it still count as an academic LOA? Also credits are so made up, like they do it for CRISP, why are they even a thing to “enroll in a class?” Like the school can make this up

I think this is a financial issue, but I see your point

So why can we not just delay the start of third year? And just take a surgery clerkship or something during 4th year and have less electives?

I think the issue, and this is pervasive, is that the school does not have the money in order to support a quality education if the payments are not standardized.

7:15 PM – Internal & External & Ad Hoc Committee Reports (25 min)

- 1. [Discussion] Social Committee updates: Gala (5 min) - Tabled**
- 2. [Discussion] Financial Committee updates: Gala (10 min) - Tabled**
- 3. [Discussion] GEIM Committee updates and agenda planning (10 min)**

7:40 PM – Executive Senate Reports (10 min)

RUN FOR EXEC, IT DON”T MATTER WHO BUT WE NEED THIS

- 1. [Discussion] President Update: Exec Elections and senate mentoring**

M4 discussion for all the M3s!!! Please come and figure it all out - MAtch, 4th year scheduling, etc

7:50 PM – Class Senate Reports (5 minutes)

- 1. Class of 2027**

Lampoon skits, purchase tickets for GALA

SERVICE HOURS, deadline

- 2. Class of 2025**

Good luck on LAST ROTATION OF M3!

Need to meet with faculty

Peer2Peer this friday

3. Class of 2024

Register for

73 o match 143 to grad

7:55: Adjourn