Education Council (EC) Meeting Minutes
January 15, 2013

EC members present:	S Katz	EC members not attending:
L Anderson	W Miller	Z Beatty
S Allen	C Niewoehner	B Brandt
J Andrews	J Nixon	K Brooks
J Beattie	J Pacala	L Carson
M Becker	D Power	B Clarke
J Chipman	Mark Rosenberg	K Crossley
J Clinton	L Schimmenti	B Marsh
R Cormier	A Severson	J Metzger
A Duran-Nelson	M Tate	J Miller
T Ebner	T Thompson	C Sautter
J Eck	G Trachte	T Stillman
C Hegarty	G Vercellotti	
M Hilliard	K Watson	
A Johns	R Westra	
K Johnson	M Woods	

Education Council Minutes, January 15, 2013	Action Date	Final
December 18, 2012 Minutes were approved with no additions, corrections or changes.		
Information & Updates EPAC Endorsement Dr. Wes Miller, EC Chair, opened discussion of the EPAC pilot proposal, presented by Dr. Powell at the January 18th meeting. Feedback and comments from EC members lead to a brief discussion regarding possible impact of the guaranteed residency slot, which may give some medical students incentive to seek admission to the more focused career path. Dr. Andrews pointed out that the purpose of the program is to examine the competency based education model to see whether it can be done and to determine if it is preferable to the time limited education model. It will be important to look at the characteristics of the learners and to look at the impact of early career differentiation. He noted it will also be important to consider the possible secondary outcomes and unintended consequences along a look at how to measure these unknown. It was noted that in past discussion of preadmission programs, concerns have centered on whether a guaranteed status might lead to a sense of complacency rather than one of over achievement. Others expressed concern for their experience with hyper-focused and highly goal-directed behaviors that impact the culture of a program. <u>A motion was duly made and seconded to endorse implementation of the proposed EPAC pilot at UMMS; the motion was approved by unanimous vote of EC members.</u> Information Update: Education Steering Committee (ESC) work with Integrated Work Group (IWG) Dr. James Nixon noted there have been a number of productive discussions to explore how to move forward with action steps. Dr. Watson noted for the ESC February 4th meeting, integration will be a major focus, at that time their process will include identifying developed and specific concrete ideas for review by the Council at the February 19th	1/15/13	Final

meeting. Dr. Nixon added ESC and IWG discussions have covered the pros and cons of using top-down and/or bottom-up approaches, and feels the group is coming to consensus in regard to ideas for moving forward. Dr. Johns noted that working with diabetes as the focus presented problems in discussing "integration" across campuses and years 1-4. He feels the time the IWG has spent to understand integration itself has helped to move the group's work forward.

LCME Update – Year 3 and 4 Learning Environment
Dr. Watson reminded Council members that one of the citations the LCME Report documented as needing monitoring is the "learning environment". The focus of the citation was identified as "UMMS program evaluation is too student centered"; we require too much student input. LCME requires evaluation from people who are non-students, this process is to be more proactive and provide better and more accountability through a formalized structure in place for the School to work directly with the clinical training sites to proactively ensure the quality of the learning environment. Dr. Rosenberg and the UME administration have worked together to establish a set of goals to be able to begin the work required to evaluate the clinical training sites. Their work isn't complete but Dr. Watson, work is underway to move ahead on collecting the data needed for the December, 2013 progress report, the follow-up for the LCME review. What they have considered as important is to open up lines of communication with the clinical partners to understand what they are trying to accomplish in their clinical environments for their employees and as an extension for medical students.

Steps are in progress to piggy-back on a process in place at the VA which is used to ensure an environment built around patient safety. By expanding the same concept to ensure an environment exists to build around clinical learning medical student. A component will be to engage (in advance) clinical site heads/administrators in 1:1 meetings to lay out how collaboration can happen. Dr. Rosenberg will visit the VA this month for the first such meeting. The process will be repeated with Regions, Hennepin County and could include Essentia (Duluth). Initially this will lead to understanding what the health systems are measuring and to find what would be useful. Once this information has been collected, a "check list" will be designed to focus on measuring areas about the physical and clinical settings that impact student ability to learn. Dr. Rosenberg's 3 focus points; this is prospective monitoring of the learning environment, it will be done in partnership with sites and they will have input in planning from the beginning. This will provide a connection and should have a positive impact with UMMS reaching out

Possible information to evaluate academic environment at clinical sites include:
- Do students have an active role, are they addressed in the communication process of patient care, are they respected and does a social environment exist
- seek input from other members of patient care teams- i.e. nurses, pharmacists and other care staff
- at end of site visit hold a debrief – to include the member of the healthcare system and the UMMS team to develop a set of action items
- get the healthcare system (in advance) to buy into to using a list of action items
- communicate the requested actions forward to the care teams
- hold the system accountable and UMMS accountable to follow-up for ongoing evaluation
- After VA meeting several pilots will be put in place, EC will receive ongoing updates

EC member feedback/suggestions in response to plan
- get sites to buy in to use the feedback /comply with action steps developed from visit
- partner with the site to learn what happens there and how to improve what they want and what students gain

• relationship building with sites making it a long-term learning relationship • how many will be done annually and are smaller sites also going to take part • Assign a group of educators to each site to build on-going relations that can develop into longitudinal interactions (familiar faces). • How will UMMS know when the process to improve the learning environment has been accomplished? • Immediate goal to gain info on learning process, current learning environment at a site. • next steps determine what needs improvement • Use of assigned teams and long standing contacts, may establish direct interactions that lead to improvement. • Possibly add a medical student to the MED ED team that does the site evaluation • "improved communications and collaboration between sites and UMMS" would be a measure of improvement • will time be used to focus on clerkship specialties at each site • Tap into Center for Teaching and Learning, their staff will come to course locations and provide feedback on courses and teaching. • gather cumulative information from the site evaluations to use as <u>best practices</u> and share the across sites, keep all sites in the loop • If healthcare systems measure their work environment, ask to add assessment items to their review to aid in data collection. Dr. Miller noted some of the same information will be gathered for residents and asked if it could be bundled in some way. Dr. Andrews reported the priorities for assessing resident experiences are generally more specific. Professionalism is a focal point and he noted combining questions about professionalism may work for both levels. For RPAP site visits, if a checklist is used it would fit with a process already in place as part of an annual visit. It was noted that health care organizations are constantly reviewing areas of compliance for their accreditations. Dr. Watson said they will attempt to find answers where there are similarities between UMMS and affiliates. She invited those interested in participating in a team(s) to contact her and added this is only the beginning of a process that will evolve. <u>Sarah Morean (AHC Communications) has developed an idea for sharing LCME communications titled, *MovingForward*, it will launch soon to provide updates.</u>	1/15/13	Inform EC when on-line
Annual Summary Reports Mistreatment and Harassment of Medical Students --- from the graduation questionnaire Dr. Watson announced that as part of the effort to gain understanding of medical student perception of mistreatment and harassment while in medical school, EC members were asked to participate in a survey to help illustrate student's actual experiences. Mark Hilliard announced that there is a web based clone mechanism that was sent to Duluth for their participation through their computers, iPads, smart phones, etc. Dr. Watson provided a breakdown of data collected from graduating UMMS students in 2012 gathered from their responses to the Graduation Questionnaire. The goal today is to share information about the current system and to inform about areas of concern that are high-lighted in the most recent data. Sixty-one percent of our medical students stated they had been mistreated or harassed at least once during medical school, the national average is 47%. She noted that the data was collected differently on the 2012 questionnaire in a way that isn't comparable with past years. Students who responded positively to any of the questions about specific types of mistreatment were included. The total response was gathered from 180 students (61%). Sources of mistreatment and harassment include harassment by pre-clerkship faculty (2.2%), clerkship faculty in the classroom (3.9%), clerkship faculty in the clinical setting(45.9%) and by interns or residents (37.6%), nurses (17%) and other miscellaneous small categories.		

Dr. Watson provided a review of real cases developed from incidents of harassment and mistreatment that have occurred with UMMS medical students. For the review a sampling of these cases were provided through a computerized survey (EC members used personal response devices) and across almost all cases a high percentage of EC members agreed that feedback to students was poorly done and in some cases blatantly inappropriate and outside the criteria/policy currently in practice to prevent harassment and mistreatment. The cases establish reasons to support changing faculty behaviors in clinical teaching environments and improving the learning environment for our medical students. EC members discussed ways in which students might misinterpret communications, areas that are especially critical (occur frequently to a large percentage), what measures and means are available for students to report, how are their concerns resolved by the current process and information to the student. Dr. Watson spoke about <u>ways to get at what experiences students are having and she highlighted a process called Reporting of Significant Events, currently a model in place in Family Medicine. This is now being implemented in the FacultyAdvisor process and is getting at more specific information to provide a way to understand what events in the student experience are causing responses represented in the graduation questionnaire.</u> Dr. Miller reiterated that the cases EC members sampled are actual occurances our medical students have experienced. <u>In regard to the concerns raised by the Graduation Questionnaire and how UMMS ranked in comparison, he noted several articles were provided to EC members (through email). These were written by Dr. Gerald Hickson, a nationally and internationally recognized expert in areas that address hospital work mistreatment, faculty behaviors and abuse of medical students. Dr. Hickson will be in Minneapolis in the near future to work with several groups and EC members will receive information on when and where public events may take place.</u> Mary Tate provided details for how the current reporting system(s) can be used by students, which provide information, steps to take and mechanisms that are available. EC members had questions and suggestions for changes including the following: • how well does the formalized process work for events that are concerning but do not have an overwhelming consequence • response to the formal complaints vary depending on the severity of the improper action/language, and/or level of repetition • implement added steps to inform students and assure them the School is genuinely making all efforts to change areas of concern • faculty responses to inappropriate actions and/or treatment must be zero tolerance • clearer information to students for what actions are possible for different infractions • improve communications to students • request follow-up to get at what students are seeing as harassment/mistreatment • 1st screen requires logging in up-front to make a report -- could be a barrier • clearer objectives for grade expectations • privacy when addressing deficiencies <u>Action items include tweaking the reporting system and working with students to understand their concerns with the current actions, communications and environment. Focused follow-up with details and results on the 2013 Graduation Questionnaire.</u>	1/15/13 1/15/13	Future updates pendng Revist S with added info
Next EC meeting **February 19, 2013**		