

**Education Council (EC) Meeting Minutes**  
**April 16, 2013**

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

<b>Education Council Minutes, March 19, 2013</b>	<b>Action Date</b>	<b>Action</b>
March 19, 2013 Minutes were approved with no additions, corrections or changes.		
<p><b>Information &amp; Updates</b></p> <p><u>Medical School Strategic Plan</u> Dr. Wes Miller, Council Chair, reported that Dr. Richard King will present the Medical School Strategic Plan and he will ask for feedback from the Council. The preliminary Plan is due to the President of the University in June, 2013.</p> <p><u>2013 Match Results</u> Dr. John Andrews, Associate Dean for GME, reported on several national trends. He spoke about a rise in the number of residency applications received by each program; partially due to the increased number of individuals graduating from both US Medical Schools and also from foreign schools. The number of applications submitted by each graduating student has also increased in response to the more competitive environment in the Match process. The challenge for program directors is their ranking of applicants to find those who are the best fit for their specific program. A factor for individual programs is selecting individuals who are qualified and who will also select their program, a Match for the graduate and the residency program. Over the last 3 to 4 years, applications by an applicant interested in pediatrics has gone from 20 to 25 different programs.</p> <p>There have always been in the US more residency spots available than there are US graduates to fill them. This difference has made it possible for graduates of overseas schools to find placements in the US. That gap is narrowing, new medical schools and as the number of residency spots remains fixed (the 1997 Balanced Budget Act) the competition for those spots is greater. With the advent of the SOAP, it restricts the process to communicate with residency programs within our School.</p> <p>Locally in University of Minnesota sponsored programs 198 positions were offered in the Match and 197 positions filled. The only unfilled position was in the Family Medicine Program in Duluth and that spot has been filled at this time. Of the 197 who 30% are U of MN graduates filling our program slots and Program Directors have said they are very happy with their choices.</p>		

Results include the following were reported for Medicine, Surgery, Emergency Medicine, Family Medicine and Duluth's students with similarities in

- increased residency applications
- fewer than average U of MN graduates
- overall excellent results
- top ranked U grads taking offers outside of Minnesota

Steps that departments to work toward more consistent results include

- focus groups of U of MN residents to more proactively retain competitive U graduates
- Survey current residents' primary reasons for selecting U

Dr. Watson noted the overall Match for U of MN graduates and for the University's residency programs was very good. Areas that are problematic are with the SOAP (see slides) and increased competition nationally. Generally the trends in primary care are close to average (down slightly), there were a larger number than usual who accepted placement in western states. There were 5 seniors who did not Match and 13 who deferred, this number has doubled. The TC campus is looking at the lower 15% of the class to see if residency advisement should begin earlier to avoid the early issues and to give them better opportunities throughout all 4 years.

Through the faculty advising program, when they meet with advisees at the beginning of May they assess for their risk for not matching. They did identify 35 student at risk out of 222 and these were advised in 1:1 sessions to help them reassess their plans for ranking of residencies and the number of applications they submitted. Possibly with the national results and the way it is set up now the system doesn't have enough positions to complete the training required to become physicians. Students at risk are will need earlier and more intense advisement regarding residency selection.

Additional concerns:

- How to plan for those affected if the trend continues
- registration for degree program if not matched important to allow deferment for loans
- proposal continue as a possible flexible M.D. option (may bring forward to EC for development)
- how to help those who don't Match be better prepared to Match at a later time
- possible alternative ways to use MD degree

#### Education Steering Committee (ESC) Update

The ESC has reviewed and approved two proposals for Education Council consideration. The first item is for a Longitudinal Clerkship Pilot at the VAMC. This would be an RPAP-like program integrated across disciplines at the VAMC. The rationale for this proposal is evidence for better learning, more robust assessments, better feedback, more enhanced professional development and possibly a linkage (as demonstrate by RPAP) to the tone and/or content of the program. This would be of 9-months duration, proposed program would be developed for four students, who would be incorporated into VAMC "home model". This would not displace students from the currently established clerkships and would include new faculty at the VAMC who are not otherwise teaching (current clerkship spaces would remain as they are). Tentatively it is proposed that would include Med I, the Primary Care Selectives (Psychiatry, Surgery, Physical Medicine and Rehabilitation and Endocrinology electives). Venues would be both inpatient and outpatient and would take advantage of the medical home model. There will be an emphasis on interprofessional team participation and a variety of activities that are currently in place as part of the "medical home" at the VAMC.

Work with residents from a variety of specialties, linking and longitudinally there would be a “longitudinal” clerkship director to help oversee the program. ESC is seeking approval from the Council to move forward with development of the longitudinal format for this concept.

- ESC is strongly recommending and supporting development of this model (budgetary support has been requests)
- a separate individual will develop and oversee the progress of implementing this project as course director
- VA leaders have vetted and endorsed the proposed format (UCSF has a 6-mo hybrid)
- VA allows for participants to develop in a setting that includes single medical, single health system and can more easily follow patients through inpatient and outpatient care
- Opportunity for rural health experience in one of the community based outpatient clinics (12 available)
- Opportunity to build in the basic science content into the clerkship as a model for changes to all existing and future clerkships
- There may be support from the VA central office
- Another aspect there is a chief residency in patient safety and quality in improvement
- there is a plan to develop a patient safety rotation at VAMC, teams will have a pt safety consult

Additional questions;

Integrating a longitudinal continuity clinic experience with the PAC team (that may be developed

Will this link with RPAP

What is the gender breakdown of VA patients; there is an excellent women’s health experience that should be incorporated.

Housed in what department? VA has primary care, 1/3 of physicians are family medicine.

Next steps would be to find a person who has strong interest in the model, the budgetary request is designed to give the person hired time offset to do the development well.

A motion was duly made and seconded, in which EC members approved the proposal from Education Steering Committee to move forward with a preliminary plan to de-sign the VA Longitudinal Clerkship. The motion passed by unanimous vote of EC members.

#### Subinternship in Medicine

Dr. Kathleen Watson reported that the ESC approved a proposal to develop a subinternship in Medicine. This was developed in the context of reviewing all of the clerkships. The proposal is for the subinternship to be available and in effect 1 year from now (April, 2014). This is a proposal that has had broad support over the past 5 years, including the LCME subcommittee, which was assigned to review the clerkships for the LCME Self Study. The purpose is to provide an opportunity for students to be better prepared to become residents in general. ESC does recognize this would be an opportunity to define the elements and learning objectives of a subinternship that could be generalized to any specialties. The request of the ESC proposal is to ask for approval to develop the specifics; length 4 weeks, more defined prerequisites other than Med I, include selected areas of advanced training, i.e. procedural, basic sciences, and team based learning.

This would be a replacement for Med II and would required for 4 weeks and would

require a reconfigure of Med I to 8 weeks (this would continue Medicine as required for 12 week). There has been no decision on timing or whether they are to be contiguous. The subinternship would be required to take place by the summer of 4<sup>th</sup> year to prepare students for interviewing and final career choices. Any changes in Med II duration will require adjustment in other clerkships as well. ESC members would like approval to develop the proposal further and bring it back for review and discussion.

There are concerns about capacity and the variability of 4 and 6 week rotations and suggestions to change all required rotations to be 4 week blocks. The idea from ESC is to discuss the specifics of this subinternship, while also looking at capacity and how the other clerkships might change. All departments have electives and some are called subinternships, but the language across all areas isn't universal and this process would begin a transition to make them universal. Part of the purpose in this is that identifying a subinternship; a number of residencies want to see a subinternship in every specialty. This is an idea to establish the SubI in an advanced rotation, while developing explicit universal criteria for what a Subinternship is based upon and to create goals and objectives around the explicit, established criteria. Discussion included suggestions to develop elective SubI's across disciplines. Using a redesign of Med II will be a model to begin with, due to the currently existing required 4 weeks in Med II. This would allow developing graduated responsibility while still medical students.

A motion was duly made and seconded, in which EC members approved the proposal from Education Steering Committee to move forward with a plan to design a Medicine Subinternship. The motion passed by unanimous vote of EC members.

**Next Meeting, May 21, 2013**

**4-5:30 B646 Mayo**