

Education Council (EC) Meeting Minutes April 15, 2014

EC members present:		EC members not attending:
L Anderson	A Pereira	K Brooks
J Andrews	D Power	L Carson
T Baultrippe	M Rosenberg	J Clinton
J Beattie	C Sauter	R Cormier
J Chipman	L Schimmenti	Z Crise-Patil
C Hegarty	M Rosenberg	K Crossley
G Jacobs	C Sauter	M Kim
A Johns	L Schimmenti	J Miller
S Katz (Metzger)	A Severson	M Nelson
R Michaels	S Slattery	E Scanlon
W Miller	S van den Hoogenhof	Y Shimizu
S Morean	K Watson	T Stillman
J Nixon	A Weiers	G Trachte
J Pacala	A Wojciechowski	G Vercellotti
D Patel	M Woods	
	B Yueh	

Minutes

Minutes for the February 18, 2014 were approved with no changes or additions.

Information

Education Steering Committee

ESC is engaged in looking at new criteria for grading the clerkships to include the ability to fail a student if they are not meeting the professionalism criteria. First steps will include discussion CEC and to the SFC for input. Once it has been reviewed there it may be ready for discussion at the Education Council meeting in May. Failure for any one area for professionalism where performance isn't meeting standards.

Education Council members congratulated MS-4 Casey Sauter who has just been awarded a Doris Duke Fellowship. A very competitive award and Ms. Sauter will be involved in work that centers on malaria.

Dr. Kathleen Watson introduced Dr. Ann Pereira, who is co-chair of COSSS and to provide an opportunity to hear discussion with regard to areas relevant to the COSSS process. The Admissions/COSSS interrelationship is an area that the Council will learn more about in future discussions.

Annual Report

2014 Match results

Dr. Kathleen Watson reported that for the University of Minnesota GME programs the Match was very good. There were 202 positions and 197 were filled, three positions in Duluth didn't fill initially, in TC one position in Anesthesiology and one in Pathology; all were filled by the end of Match week. Dr. John Andrews reported that Duluth has reduced their compliment from 10 to 8 and initially having three unfilled was a concern. There is the possibility to make some changes in how resources are used, which will strengthen the program. Duluth did get excellent candidates during the SOAP to fill the 3 positions. The TC Anesthesiology slot that did not fill is related to a change in that program, it now requires graduates obtain a transitional year. This begins to move the program in the direction of having all categorical positions. Dr. Miller reported that the Department of Medicine ranked a large number of applicants and the Department's selection went down to bottom of that list. A majority of those ranked went to highly competitive programs. This is an indication that the Match is becoming more competitive overall and increases the School's responsibility to inform students interested those specialties, early in their medical education. The goal is to help UMMS graduates to be competitive and to communicate that residency placement has changed a great deal over the last fifteen years.

Dr. Watson noted that much of the data covered in today's meeting has been shared with MS-3s who are now transitioning to their Yr-4 rotations. For the UMMS Match a little more than ½ of the students are placed in primary care positions. Approximately 42% are remaining in Minnesota, which has decreased slightly over the last few years. There were no major shifts in any of the specialties in the student selection process. Dr. Boulger provided data from Duluth from 1976 forward and the percentage of students in family medicine has remained stable across the School's history. UMMS graduates are choosing and being selected for residencies are all over the country.

Reviewing the data provides a great deal of insight into the competitiveness of the Match. Individuals' specific scenarios for selecting residency programs are becoming more important. Early advisement, mentoring and guidance in selecting residency programs and specialties will need to begin earlier in the program. The results for sets of students grouped by their level of academic progress and their selection and placement in residency programs, provides valuable information. It validates ongoing efforts to carryout 1:1 review and focused guidance in a more competitive Match process. For this graduating class there were students who were not identified as needing focused guidance and chose to apply for highly competitive residency programs and who were not initially placed. The risk factor list is based on national data collected by the GSA three years ago, which includes poor academics, academic mismatch, too few applications, and the couples Match. The interview skills and personality issues are harder to understand; but have been a focus after last year's match. Areas of concern included feedback from program directors that some students appeared to be arrogant, were entitled and some were just too shy.

A new course in "interviewing skills" was developed and offered in 2013-14 but not required. The faculty advisors now know all of the year-3 and year-4 from the TC campus, helping to understand better where they have areas of weakness. There is are unique cases such as the individual applying for a surgical-subspecialty, with a Board Score of 270, seven honors, research, great letters of recommendation, a really nice person and applied to more than an adequate number of residencies was unable to match. This is an indicator of the changes to the Match results that are beginning to occur. Dr. Watson provided information for the total number of graduating medical students who had a successful Match for PGY-1 and dermatology positions. Sub-specialties seem to have a lower match rate; it appears they hold some positions outside the Match. The Match rate for graduates from international schools appears to be lower for some specialties.

Next steps include:

- meet with program directors to explore their perspectives
- study additional risk factors
- timing for student to be prepared for interviewing is affected by the ERAS deadline -9/15/14
- high levels of interviewing begins shortly after in October
- track the number of interviews students are getting
- use program director feedback on how to intensify career planning
- require interview training this year with feedback
- consider adjustments in year 3 and year 4 schedules
- provide feedback to the COSSS and Admissions committees
- use post-Match survey tool to ask students if Matched in their 1st, 2nd or 3rd choice selection
- ramping up a pre-matriculation enrichment for accepted applicants

Last year Dr. Ted Thompson, Jill Eck and Scott Davenport developed a pilot program "Flex five" for which three student who didn't match were given additional curriculum, given personalized sub-

internships and “tough-love mentoring”, all three succeeded in matching with the Class of 2014 Match. The faculty advisors made a great effort to work with these students and the impact was impressive.

EC members asked how adjustments to the year 3-4 schedules would be applied. With information received in program director feedback administration will look at several areas involving the clinical rotation schedules:

- research experience earlier in the curriculum
- ensure that students have a sub-I in a specialty field by interview season
- open up more time in the Fall for students for interviews.

Residency programs call to make appointments for interviews with 24-48 hour notice or they withdraw the interview opportunity. This is another aspect of competition students are contending with in efforts for a successful Match. Discussions related to the sequencing of clerkships will be more in-depth as it relate to the flexibility students have in planning their clerkships. Dr. Johns talked about those students who have decelerated and the increase the number of them. With concerns regarding greater competitiveness in the Match process it will be important to address what this could mean for how academic progress is measured and other ramifications of deceleration. There were students who had decelerated programs who participated in the Match and may not have had a successful Match, not all of the data has been reviewed.

It was noted that there are actually enough residency slots for the number of medical school graduates in the U.S. Some factors at play may possibly be just 50 percent of the U.S. graduates are interested in the less competitive positions or there are a lot of highly talented international graduates who are displacing U.S. graduates. Find a balance is important because bottleneck hasn't happened at this time, k

Possibilities for why some of the UMMS graduates didn't match:

- There are a small number of graduates that don't match for a variety of reasons and isn't representative of a trend or a problem with UMMS, this is the current situation.
- The goal should be a 100% Match, but there are circumstances that the School can't affect
- The situation is changing, it isn't possible to always establish how many interviews students will need to find a Match nor is it easy to determine how many students should be interviewed by residency programs for open slots.
- Because students are ranking more places, programs see many more people equally qualified
- Some MN programs have ranked international graduates higher than MN graduates and the bottleneck will intensify this situation
- Data is important; Dean Brooks Jackson has tasked Medical Education to look the data for unmatched students for the last ten years, its part of a larger data integration project. The more data available the more possible it will be to have predictive information.
- This should drive two aspirational goals; 100% match of qualified students and making our students the most competitive for the program they seek to Match.
- The bottleneck should drive a lot of what takes place; from admissions through medical school.
- In the past Medicine would offer several positions to foreign graduates outside of the Match and that did set a limit to the number of non-U.S. graduates accepted. The first 40 students on the list might be foreign graduates, now they're ranked and then through the Match they may get more or fewer slots depending on the Match overall. In this way it probably has made a difference for the placement of U.S. graduates.
- The 100% Match goal is positive approach but should be part of the discussion regarding how decelerated academic progress is affected through early intervention and advisement. How to identify those who need assistance early and the processes that follow for continuing their medical education and the debt they incur.

- To make the mix more confusing is the addition of the DO students as part of the Match and the DO residencies will be accepting M.D. student. It will then become a much larger field. It's a question whether those residencies will be attractive to medical students.
- We should focus on the Flex Five as part of the consideration for whether some students won't Match. There is a great deal of room for 1:1 counseling of individuals regarding their ranking of residency programs that are a better fit for their skills and academic achievements.
- Bimodal problems with selection and ranking of residencies and those who are under achievers. When students graduate from the UMMS a warranty is being given. Basically what is being warranted when a student is graduated from this program?
- Remove the cringe factor. Interesting to see if the new landscape of the Match and the GME slots has the effect of changing schools and perhaps scrutinizing admissions more carefully.
- Take more stringent action steps for students along the way; stop allowing all to continue-4 years.
- Open ended question "why wouldn't UMMS PGY-1 be invited back" responses were varied; communication skills, professionalism, and ability to work in a team. Knowledge was at the bottom of the list of reasons listed by program directors.
- UMMS is graduating some individuals who are not performing well as doctors in their residency.
- Students who have trouble can usually be determined early. The problem hasn't been detecting them, but what "next steps" are taken to deal with the issues recognized early on.
- Is there enough structure in place to pick up "professionalism issues" in the first two years?
- Review of data, ECM and clerkship performance did provide insight into those individuals who are part of the 6% that program directors would not select again.
- How realistic is it to assume that a class of 230 admitted students and make a competent student out of every individual.
- In the US, unlike other medical education systems in other countries, other systems strive to identify those who will be successful physicians. While in the U.S. the opposite process takes place, perhaps graduating those who will not be successful.
- Out of 230 individuals there is likely to be some each year that will not be successful.
- There is an institutional responsibility to make the decision that everyone who graduates is competent and those who are not competent should not graduate.
- Other barriers:
 - to catch them early, how to judge who is least successful, data helps
 - when further into the program and debt- becomes very difficult to successfully dismiss
 - standard for dismissal is quite high
- Develop multi-pronged program and process doing a great deal more work up-front for following
 - admissions, redoubling efforts to identify students early.
 - add a large effort for more faculty development for clinical teachers to help them identify individuals at risk and to be able to write sobering and accurate evaluations
- Inability to Match only affected approximately 2-3 percent of students; this is historically true.
- Assumptions are made that faculty advisors are having in depth and difficult discussions when "professionalism" issues are raised, which may not be occurring. How well is it being tracked, how formative is the guidance, how productive is the advisement and the direction students are getting to make change possible. How to begin to track.
- Strengthen advisement to all students selecting those highly competitive residencies, advice to select another specialty that they could find fulfilling to rank in addition to their "dream job".
- Careful advisement of student to develop and put in place a back-up for the career they would want if the worst case scenario did actually happen. Early advisement for planning has value.
- Follow-up to the professionalism discussion, this is probably the biggest reason why most residents and fellows fail. Practicing physicians most often fail most often because of professionalism issues. Dr. John Andrews and Dr. Michael Cullen are working on an important project to develop improved methods to measure professionalism.

- Students often are making the effort but are choosing to ignore the advice and the information they could take away from that specialty discussion.
- All students have the mentor/advisor info but choose not to use the availability. Students also choose to not act on advice that is available which can change their process dramatically.

NRMP all in policy may not be having a great deal of effect on the Match, the SOAP may be making more of an impact. Unmatched positions are no longer available for everyone, potential participants must be registered for the SOAP to be able to qualify. In the past it may have increased the ranks of foreign medical school graduates that are in the Match in the first place but the old system where programs could sign residents before the match took place and reduce their compliment of resident positions for the Match. It is probably fairer system for US graduates because they have the opportunity to apply a position. There may be foreign graduate ranked more highly than they are but at least they are able to be considered. Past positions offered outside the Match, effectively reduced the number of residency slots.

The PGY-1 responses from when program directors were surveyed in 2013 for our 2012 graduates and 57% of UMMS graduates were rated in the top third of residents across all programs. In the same survey 6% of residents from UMMS, programs directors indicated these individuals would not be invited back to their programs. Implement a goal to achieve that all graduates would be ranked at the top by program directors. 100% of UMMS grads are in the top third of residents in their GME training. What areas can COSSS measure to determine which individuals are dismissed; generally its knowledge or is it other areas of inability to perform? When you look back at the 6% who would not be invited back after PGY-1 performance; did they have problems at COSSS and what kinds of problems existed. COSSS looks at both medical knowledge and professionalism. When medical knowledge is involved the circumstances are quite pronounced (failures of courses, clerkships and Step exams). Those that have been successfully dismissed it is usually multi-factorial. COSSS doesn't have the information for those who were not successful in the Match and who were successful but then recognized as problems. There may be some students who should not have been accepted. If admissions doesn't eliminate possible border-line student; the task is to identify followed by the COSSS (dismissal) process.

Forty-three students over ten year have been failed in Medicine clerkships; ninety percent were cited for lack of synthesis, 60% communication and approximately 40% had professionalism issues. These are the most troubling. Approximately 30% were disinterested, didn't read about their patient conditions or progress. Tuition insurance (some form of recompense) that would allow students to have some of their debt forgiven by the School could possible make withdrawal an option to some. To aid in making dismissal a bit less difficult as opposed not being able to Match.

Factor in student quality of life and help to reduce stress. The human factor has to be considered in all of the systems that are put in place; it will have an effect in ways that are unforeseen and 100% success may not be possible. New literature stress reduction in medical education is being considered and tested in some schools with changes to grading systems, which led to improved Board scores.

Relatively the School is doing well in getting students educated and into residencies; nationally approximately 10% of medical students need remediation, the work to help ready them is usually successful. In terms of advisement, when students are looking at any specialty, at what point are they directed to meet with a focus person in that specialty? How much of this step is structured and how much is the choice of the student? It should be required and managed through the Student Affairs processes. Dr. Watson reported there will be survey data at a later time and the academic database is being updated to strengthen the predictive value of performance from pre-matriculation through residency. Dr. Miller noted when the survey data is available the topic should be revisited and try to make some recommendations for next year. Dr. Pereira not that COSSS is also waiting for the data to work toward some predictive processes.

Next Meeting, May 20, 2014, 4-5:30 B646 Mayo