

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

Minutes

Minutes for the May 20, 2014 were approved without changes or additions.

Information

Dr. Majka Woods reported the Medical Education is bringing the AAMC Teach for Quality (Te4Q) session to UMMS as part of ongoing innovations to Faculty Development. The curriculum includes a day and one half of training sessions taking place on September 10<sup>th</sup> and 11<sup>th</sup>.

- request will go out for teams to participate
- designed specifically for people doing quality improvement projects in a clinical setting
- Program is designed to teach how to teach other learners Quality Improvement, not designed to inform about a specific quality improvement project.
- Your team, medical students, residents and/or faculty
- exciting opportunity is possible because we are a Teach for Quality institution
- Dr. Karyn Baum will be facilitator for the School and Dr. Nancy Davis from the AAMC will be the visiting scholar.
- sessions can work with approximately 30 individuals and will accommodate up to 14 or 15 teams

Dr. Woods encouraged EC members to recommend the training to teams who have an interest or involvement in quality improvement. It’s probable that a poster session will be held in approximately six months. The Teach for Quality Improvement curriculum includes an ongoing educational component.

In a year, it is expected the team will return and those who are in training in the up-coming sessions will become mentors and partners for the new teams going forward. The expectation is for continuous growth. As the Curriculum is expanded, as with Best Practices, there will be more projects taking place and being presented. Dr. Kathleen Watson reported attending an AAMC meeting and learned there are 14 schools that have completed training. A goal is to develop a program similar to the Harvard-Macy Program for “Quality” scholars. As a longitudinal component, there will be an opportunity to share ideas across the country. There is also discussion about bring the “aligning for quality” here. This the other component to determine if our health care systems and our School are aligned properly to move forward with these initiatives and to bring in GME and CME as well. Dr. Wes Miller noted that Dr. Davis has a very long standing involvement in quality issues and this program should be an outstanding opportunity for our faculty. Once this opportunity ends a work group will determine how to increase exposure in or School and work toward “teach the teacher” sessions. The invitation will be broadly distributed in a mass email and departments who are currently involved in QI projects will be sought out. There will also be targeted requests for teams, along

with flyers with more detailed information. Dr. Miller pointed out this curriculum could be used with the Teaching Track criteria for promotion related to specific “quality” scholarly products from these activities.

The national team involved in development of Te4Q has suggested all teams participating in this training could be selected to identify what are the “teaching quality” metrics we as a School and a system want to work on together. This isn’t being done at any other school and in this way we would be at the leading edge nationally using this method.

## **Discussion**

### Flex M.D./Dual Degrees

These are unique offerings and they do increase the length of medical school for a number of students. Residency program directors were present and have been asked to provide insight into how their programs view the added degrees and the value for graduates in application for residency and usefulness when in residency. Dr. Duran from Medicine and Dr. Janus from Otolaryngology will provide their perspectives as physicians and graduates with the added degrees. Dr. Cullen Hegarty serves as the Emergency Medicine Residency Program director at Regions and has worked with incoming residents with added degrees, will provide his perspective.

Scott Davenport, Assistant Director for Student Affairs, noted the differences between these paths that medical students have an option to follow, Flex M.D. :

- began in the 2009-10 AY
- allows opportunity for academic enrichment
- to participate in an experience outside the normal medical school curriculum
- affects graduation date by extending their student status beyond 4 years
- administrative tool used to allow students to participate in outside programs
- students are required to submit a proposal of the planned experience
- the proposal is reviewed by Flexible M.D. Committee, (faculty and staff) on a Quarterly basis
- proposals are either accepted, not approved or feedback is provided for possible ways to improve the proposal for future consideration
- unrelated to COSSS procedures or consideration (as in the past)
- extension of the graduation date is completely separate from deceleration
- COSSS does see the proposals and if called for does have the ability to change the Committee’s recommendation
- Students are required to be in good academic standing and proposals are required to be linked to the 7 domains of competency

In the last five years 116 students have participated in this program; the top three areas students choose are research, global health through IMER and the dual degrees. In 2012-13 there was a spike in the number of students choosing the opportunity and the affect is a larger number of students in the Match and an increased graduating class for 2015. Match rates for our School are at about 96% (very close to the national average) and for students who have participated in the Flex M.D. program, their match rate is at 89%. Some students participating may not be strong in their academics and choose the enrichment to strengthen their residency application. For many of these students, Match results in highly competitive residencies, isn’t strong and should be reviewed. The opportunity to participate in these options is helpful in recruitment and it may be that students are advised that this option is a way to strengthen competitiveness for matching. In regard Flex M.D. and enrichment, it’s an area to consider for changes in how students are advised, before an application is proposed and approved.

Participants are required to submit progress reports; which are tied to the competencies and mandatory progress reports are required every 3 month. Students are also required to state goals for the next three months. Before returning to the medical education curriculum each student is required to submit a re-entry plan; an aspect of that process is to review each students’ readiness and together with the their input determine if added guidance and help is needed to get them ready for clinical rotations.

Compliance with the final assessment is at 30% and a major focus is to increase that rate. Administrative resources are a large part of this low rate of finalizing the last step. Currently Student Affairs administration is working with AHC IT to put in place a component to catalogue applications, proposals and progress reports on-line with management tools. Tools will include computerized emails to student with deadlines and due dates and align the progress reports with the goals established in their proposals.

Cost to administer the program is somewhat built in with other tracking that is done for students who are out of sequence with the curriculum. No added tuition expense is incurred but cost of living expenses is at about \$35,000 to the students. The added degree costs are in the range of \$40,000 to \$60,000. It isn't clear with regard to scheduling what the cost would be to administration, but remedial re-introduction work that occurs is an aspect of the program's cost. There are additional administrative costs in the off-setting of scheduling and capacity, especially as with the upcoming numbers involved in the Match and graduation in 2015.

Suggested changes in Flex M.D. criteria and process:

- require exit report/assessment to graduate
  - ✓ may increase compliance significantly/more quickly from the current 30% to 100%,
  - ✓ at time of application students would have specific criteria for level of follow-through
- further preparation for clinical rotations
- when student(s) return monitor sequence for clinical rotation schedule

Feedback for Flex and Dual degrees:

- has positive affect on some students
- should there be a step to review before beginning research
- medical students get mixed message from other students about value
- review with applicants to give better guidance
- research provides opportunity to reflect on M.D. Degree goals
- MSPE
  - how does longer education period look on transcript
  - does research show up on transcript
  - outcomes from research to support work done – document accomplishments
- more stringent criteria
- statement in MSPE of the AOA selective process
- review those with added degrees who didn't Match

#### Policy Update – Clinical volunteers

Dr. Kathleen Watson provided information regarding oversight of medical student participation in volunteer clinical experiences and the development of a new policy and process for Education Council review. This is being considered in response to fluctuating clinical experience environments in settings with fewer checks and balances for patient screenings. Generally for Service Learning Projects and other curricular and non-curricular clinical experiences selection and approval would be formalized.

- develop new policy and approval process
- possibly eliminate “off the books” volunteering
- all clinical sites would have the same SOP as University facilities
- only affiliated sites
- supervision of proper skill set for activity – only curricular functions
- inform students and residents

**Next Meeting, August 19, 2014,  
4-5:30 B646 Mayo**