

Clinical Education Committee
April 6, 2018
Minutes

Open

March Minutes (Dr. Murray) - Approved in advance

12-month work plan (Dr. Murray)

- Dr. Murray encouraged anyone who is interested to reach out and join as facilitators of any of these conversations

Reports

EC report from 3/20/18 (Dr. Murray)

- One topic that was covered in March was USMLE performance which will be covered by Dr. Kim in a CEC later meeting
 - Based on current scores, Step 1 and Step 2 are areas where our students do not do as well as expected, but they do better than expected on Step 3
- The new membership and governance rules for all of the committees are being worked on right now, which is requiring modifications to the bylaws to the Medical School so it will go to the faculty assembly for approval
 - Dr. Murray will be working with the leadership team to start implementing this - has been given permission to move forward

Clerkship Director of the Month (Dr. Henry, Emergency Medicine)

- See slides
- Dr. Lawson asked how many simulations students complete during the clerkship
 - Mary Ann McNeil stated that students do about 5 hours and then another 4 hours with bequest
- Dr. Nixon asked if there was resistance to the digital assessments
 - Dr. Henry stated that the only push back has been from the older doctors, but the residents and young physicians have been fine with using it
 - Dr. Nixon explained that he started using the app in POCC, but that it doesn't look as nice as this
 - Dr. Henry suggested that Dr. Nixon speak to Adam Maier for help in adjusting the form
- Mary Ann McNeil explained that the assumption is that students come in as mostly entrustable as they take this rotation in their late third year or early fourth year
- Dr. Lawson asked how the breakdown of the shift evaluations interplay with grade scores
 - Dr. Henry said the lowest students could get would be 1's on each card which would be 50%
- Dr. Ercan Fang asked about the EMS rotation
 - Dr. Henry explained that they signed up that students sign up for shifts in the HealthEast system - work with paramedics who train other paramedics

- Referring to one of the slides, Dr. Nixon added that they are also seeing encroachment by other trainees on ambulatory clerkships as well - money comes with other trainees and ROI is more immediate than medical students
 - Dr. Henry agreed that it's challenging to preserve the sites
 - Dr. Nixon said that as an institution we need to find ways to foster and strengthen those relationships with sites
- Dr. Murray said it was very exciting to see competency based assessment strategy on a shift basis
- Dr. Gleich stated that his medical student is training him on how to fill out the assessments, but he would have liked to have seen and familiarize himself with them on his own time
 - Dr. Henry added that the app does require that the preceptor fill out the email address
 - Dr. Nixon explained that we don't always know who the student will be working with so it is easier to just have the assessment on the students' phone or device
 - Dr. Lawson agreed - they are seeing the same thing in HeLIX. When students ask for the evaluation and can do it real time, it gets done

Medical School [guidelines](#) and [UMP/Fairview language](#) regarding student documentation

- Previous decisions have been reversed and CMS is now allowing medical students to do complete documentation of patient care in the medical record
 - Key components of that encounter will need to be duplicated by either a resident or faculty member, but physician does not need to be present for every clinical maneuver with the patient
- If the supervising clinician is a resident, then the resident will need to provide the attestation about the key components and the faculty supervisor will need to attest
- Dr. Nelson commented that at Fairview site, they have worked to leverage the scribe documentation which works in essentially the same way
 - Dr. Murray stated that the medical school recommendation will be to eliminate the scribe documentation because the only thing that will need to be duplicated are the actions in the key components, not duplication of the documentation
- Dr. Nixon stated that there can't be anything documented that you didn't either hear, see or do
 - Dr. Murray added, that what Dr. Nixon said is true, if it's going to support your billing
- Dr. Clark asked if from an operations standpoint whether or not the coders will understand the logistics of this
 - Dr. Nixon said it will depend on the health system and how each one wants to deal with it
 - Dr. Henry added that once the resident or faculty attest to that, it becomes your note
 - Dr. Gleich expressed concern that they couldn't attest unless they re-did the entire encounter

- Dr. Lawson explained that it would be similar to what they currently have to do with residents
 - Dr. Nixon replied that it is different because with residents you don't have to verify it, whereas with medical students, you would need to verify from the patient
- Dr. Ercan-Fang asked whether or not they edit the note
 - Dr. Murray said that as an educator, they can decide how they want to handle it, whether they have the student make the changes or the preceptor makes the changes
- Dr. Murray referenced the [medical student documentation guideline](#) and the [Fairview/UMP Policy](#) around Medical Student Documentation (hopefully will be finalized by May)
- Dr. Pereira added that they had created this document and shared it with HCMC, HealthPartners and the VA
 - Both HCMC and Regions are moving forward quickly with these and the VA is going to implement differently based on federal oversight
 - Dr. Pereira encouraged anyone who would like more information to email her

Discussion

Integration with Scientific Foundations (Dr. Nelson)

- Dr. Nelson serves as chair of the Scientific Foundations Committee for the first and second years of medical school
 - In neuroscience there has been collaboration between basic science PhDs and MDs to create helpful learning experiences for future physicians in the first and second year and then revisit the basic science information in the 3rd and 4th year clerkships
- Dr. Murray would like to create a smaller working group to figure out what it would look like to better integrate scientific foundations into the 3rd and 4th years
 - Dr. Nelson added that it's not obvious to the students that folks in various disciplines may not have met each other or understand what students are learning in all of their courses
 - Dr. Murray said that one of the places to start would be the list of diagnoses and create a set of basic science modules that correlate with each diagnosis
 - Dr. Gleich said this would be great because he ended up taking anatomy again after he started his surgery residency which was much more helpful during that time
- Dr. Nelson said that students do a good job of passing the test, but don't do well at retaining the knowledge - would like to create a framework for them to retain the knowledge
 - Dr. Howell added that for anyone who is interested in doing this, there would be some low hanging fruit with your counterpart in the basic sciences
- Dr. Lawson said that it was great that the basic science physician was so open to doing this

- Dr. Nelson said that some are open and some aren't, but they have been amazed at the engagement and openness
- Dr. Murray encouraged participation from this committee to work with basic science counterparts

Rationale for [tuition allocation](#) for [required clerkships](#) (Dr. Murray and Austin Calhoun)

- Dr. Murray explained that the way tuition was allocated was by a student week model - for the clerkships that reduced a number of weeks, there has been a substantial reduction in the tuition allocation
 - Have been asked to develop a rational tuition allocation distribution strategy for the required clerkships
- Dr. Calhoun explained the departmental allocation model - see slides
 - We receive 34.9% of the overall tuition dollars to allocate to departments
- Dr. Nixon asked whether for advanced selectives and electives, money is being distributed based on how many students take the elective or based on what is offered
 - Dr. Calhoun confirmed that it is based on the actual student enrollment
- Dr. Nixon stated that the .2 is not enough for a clerkship director so they have allocated some of the additional money into the clerkship director area
 - Dr. Calhoun explained that Bob would like to understand more of these types of issues to ensure that enough money can be allocated
- Dr. Nixon would like to be more creative with how they are using the dollars to support the mission both with the allocation to the departments and then the allocation within the departments
- Dr. Murray stated that it would be reasonable for the medical school to ask how the dollars are allocated within the departments
- Dr. Lawson asked if this was for the departments in the University of Minnesota or if this is also the way that money is allocated to the affiliate sites
 - Dr. Calhoun explained that it varies by department how that works, though there is some money that gets allocated directly to the sites - this is another good question to cover in this as well - how do we better support the work at the affiliate sites
- Dr. Ercan-Fang asked where the money for the teaching goes to
 - Dr. Calhoun said it goes to a lot of things which is part of the mystery of it, shelf exams, coordinator, faculty, extra FTE, etc.
 - Dr. Nixon volunteered that he willing to share how they allocate it in the department of medicine
 - They send money to the affiliate sites based on how the medical school suggests it
 - The bigger pot of money goes towards small group teaching, coordinators, etc.
 - It is sometimes challenging to separate the UME streams from the GME streams and sometimes the UME dollars subsidize the GME dollars

- Dr. Calhoun explained that she has presented this to the clinical and basic science chiefs two or three times
- Dr. Murray would like to start with the required clerkships for how to distribute the money
 - Would like to set up a rational survey for clerkship directors to see what they perceive as the effort that goes into medical student education on their clerkship
 - Would like to assemble a working group - (would like to differentiate membership - 4 week and 8 week clerkships, LIC, foundational required clerkship, advanced required clerkship)
 - Dr. Calhoun explained that if any changes need to be made for fiscal year 19, then it would need to be done by the middle of June