

Clinical Education Committee

April 3, 2015

Minutes

Attendance:

MEMBER	CLERKSHIP/ROLE	ATTENDANCE
James Nixon	INMD 6805-6806-6807 Essentials of Clinical Medicine 3A-B-C; Process of Care Clerkships	
Ray Christensen	Rural Medical Scholars Program	X
Keith D. Henry	EMMD 7500 Emergency Medicine	<i>Stephanie Krischuk</i>
David Power Chris Fallert	FMCH 7600 Family Medicine	X
Briar Duffy	MED 7500 Medicine I MED 7501 Medicine II	<i>X, Chris Miller</i>
Miguel Fiol	NEUR 7510 Neurology	<i>X, Julie Pierce</i>
Yasuko Yamamura	OBST 7500 Obstetrics & Gynecology	<i>Deb Egger-Smith</i>
Katherine Murray	PED 7501 Pediatrics	X
Sheila Specker	ADPY 7500 Psychiatry	X
Robert Acton	SURG 7500 Surgery, CEC Chair	<i>X, Mitch Gmyrek</i>
Cornelius Lam	NSU 7200 Neurosurgery	
Edward RG Santos	ORSU 7200 Orthopaedic Surgery	X
Jennifer Hsia	OTOL 7200 Otolaryngology	X
Paul Gleich	UROL 7200 Urology	
James Pacala	FMCH 7700 Primary Care Selective – Fam Medicine	
Sally Berryman	MED 7700 Primary Care Selective – Medicine	<i>Chris Miller</i>
Cindy Howard	PED 7700 Primary Care Selective – Pediatrics MED 7701 Primary Care Selective – Med/Peds	
Kathy Brooks	INMD 7200 Rural Physician Associate Program (RPAP)	X
Jacob Prunuske	Duluth Faculty Representative	<i>Paula Guisfredi</i>
Stephen Richardson	MS4 Student Representative	
Ryan Dean	MS4 Student Representative	
Maros Cunderlik	MS3 Student Representative	X
Anna Gregoire	MS3 Student Representative	X
Mark Rosenberg	Vice Dean for Education	
Kathy Watson	Senior Associate Dean for UME	X
Majka Woods	Assistant Dean for ACE	X
Anne Pereira	Assistant Dean for Clinical Education	X
Suzanne van den Hoogenhof	Measurement Specialist, Assessment & Evaluation	X
Heather Peterson	Registrar	X
Brooke Nesbitt	Clinical Education Manager	
Abbe Holmgren	Clinical Scheduler, CEC staff	X
Leslie Anderson	OME Chief of Staff	X
Julie Ansell	UME, Clinical Education – Project Specialist	X

Review of 3.6.15 minutes - approved as is

Announcements

CEC Schedule changes

CEC starts at a different time – 7am – starting in August

Different Friday from SFC (move SFC to different Friday)

Starting 15-16, joint SFC/CEC quarterly, on CEC Fridays

MEDS – best practices day, May 7th

Late Grades

- Required grades are still 100% compliant
- The registrar is now trying to collect late grades for electives
- Approx 75 missing grades for electives currently

Student Issues

- After significant reflections – students discussed fear of retaliation in giving honest feedback to residents and supervisors
- Students don't feel comfortable putting that information in EValue
- Dr. Acton explained that these situations happen all the time in the profession – people don't speak up about things that are unprofessional
- Dr. Acton indicated that the only way for things to get better is for students to speak up
- Student who is reporting is protected
- Faculty cannot take care of it if it's not reported
- Student representative stated that students are vulnerable especially for grades – there is the perception that they're not protected – this drives student's behavior
- Dr. Duffy says that she tries to investigate each report of this but many times doesn't have enough information
- Also indicated that Evalue wouldn't let the residents see them until they have enough in there – anonymous
- Dr. Watson added that there will be a switch to a different reporting system that will be completely anonymous – Ethics Point

Updates

Grading and Transcript policy revision

- NR grade – new in central University – if there is a blank grade, central is going to put NR in there
- Other grades weren't mentioned in the current policy so they have been added to this policy proposal
- New proposal for “W” grades – will be on a students' record if a student drops the course after we have received mid-rotation feedback is given
- If before mid-rotation feedback, then the course will be removed from their record
- Possibility to appeal if there are extenuating circumstances for the drop

- Dr. Acton said that not all students get mid-rotation feedback so this will be hard to determine
- Dr. Pereira proposed that both time and mid-rotation feedback be taken into account
- Dr. Specker talked about how she is looking forward to having something very clear and standard for all, especially as it relates to COSSS decisions
- Paula requested that the criteria be if they have completed 50% of the course
- Dr. Woods wanted clarification on 50% of points or 50% of time and must be identical on both campuses
- Anna Gregoire indicated this is difficult in Duluth because there are some courses where you won't get to 50% of the points until the final
- Dr. Watson reminded us of the process for withdrawing from a course
 - Student contacts faculty advisor and then they contact either Michael Kim or Dr. Watson – they determine reasons for the crisis and either decide to withdraw or not withdraw the student (process currently with withdrawals)
- Dr. Power wanted to discuss F.3 – if students have failed exam the first time, then got incomplete the first time to be able to remediate the first time
 - Allow them to remediate the exam with an I grade and then the highest grade they can get after the remediation of the exam would be a S

- It was suggested that students could instead get a T grade and then if they pass the re-exam they could get a higher grade than an S for their final grade
- Heather clarified that an Incomplete or I grade is added to the students record if they are successful at the time they leave the course – then they need to finish the course at a different time
- Heather is going to re-work the wording and will present this again at the next meeting

Workgroups – PHHP, QI/PS, IPE – what’s coming

- Dr. Power’s group is finished and they will start rolling into curriculum next year
- Interprofessional group is about half-way through the meeting cycle

Lottery Debrief (Dr. Pereira)

- Students scheduled requireds first and then the clinical team looked at schedules and worked on improving schedules before the electives lottery
- Goals
 - Increase the number of students who started clinical rotations early so that we use capacity
 - Complete as many required credits as possible in year 3
 - First histogram is the number of credits students scheduled during the requireds
 - Improved the students schedules – next histogram shows the increase in students schedules
 - Bottom of first page - # of slots filled in years 1 and 2, compared to the last few years
 - Only 3 required rotation slots left in periods 1 and 2 of 2015-2016
 - Last histogram is the number of credits students have scheduled now
- Chart of capacity is the ongoing challenge shows required rotations with limited
 - In red the number of students scheduled into those courses for 2015-2016
 - Next row is the number of 4th year students taking those rotations
 - In green is the number of approximate students in need for their third year
 - Need to think about other creative and innovative ways to help students get most of their clerkships within their third year
 - PCS – will be a 4th year advanced clerkship – no slots currently available
 - EMMD – largely becoming an advanced rotation for 4th year students
- Clerkship calendar – Rubik’s cube – some wanted required rotations in their third year but there was so much overlap that they couldn’t add it
- Thank you to departments who have added slots to accommodate students
 - Dr. Acton noticed that there are a couple of clerkships that do not have enough slots available for students in general – FMCH and PEDS, PCS
- Dr. Pereira is talking about different ways of scheduling – shorter required rotation in the third year and then an advanced rotation in their 4th year

Discussion

Qsort Summary (Woods)

- Results handed out from last month
- Dr. Woods took all forms from the different groups and combined them
 - Green – largest level of agreement – largest gap
 - Blue – second highest level of agreement
 - Yellow – mid level of agreement on the gap
- It was noted that numbers 1 and 6 were consistently high because these are things that are taught right away
- Need more discussion about who is doing this work already, how can we take that and take it, how can we be consistent
- Discussion centered around EMR access
 - Dr. Power talked about the need to address EMR access so that students will be able to enter notes into the records
 - Dr. Woods stated that they bringing in a new faculty member to discuss EMR access curriculum into years 1-4

- Dr. Pereira spoke about Dr. Kim, who had been working on this before he took his new role and indicated that the different health systems said no for risk management issues
- Dr. Woods indicated that the plan was to bring back the core EPA's of residency and then work backward from there on the ones that have been identified as the largest gap
- Possibly bring it back in June or August when the Q/I workgroup is done (first joint meeting with SFC)
- Ideally will document these program-wide instead of clerkship by clerkship

Efforts in Clerkship Re-designs – Neurology & Psychiatry (Pereira)

- Neurology and Psychiatry were asked to contemplate this as a possibility to redesign
- Dr. Specker said that neuroscience was a good place to start and reminded us that Psychiatry (typical across the country) and Neurology has been 4 weeks
- They have been gathering information from other medical schools
- The ones that they talked to have tried it and have not been successful
- The departments met this week and found several difficulties
- There are a multitude of different sites and number of students that each take
- The different clinic schedules would make it difficult to combine
- They discussed the impact it would have on grading if a student was good at one half and not as successful in the other half
- Dr. Specker is concerned that students would lose experience if Psychiatry was taken to 4 weeks instead of 6
- Thought about a 12 week block of neuroscience – PM&R and NSU in addition to ADPY and NEUR
- Dr. Pereira indicated that this would increase the capacity issues by at least 50%
- Dr. Pereira added that an integrated 8 week experience might not be the right direction but maybe a contiguous experience would work
 - Curriculum would build on knowledge
 - They could do integrated conferences
 - Anna Gregoire (MS3) expressed concern that extending to 6 weeks for Neurology or to 12 weeks for neuroscience would cut into vacation and elective time

Clerkships Best Practices

Shared Didactics

- Dr. Fiol talked about Friday school which they are implementing in the Neurology clerkship
- Friday school – incorporating a 4 hour block with activities and then adding into resident didactics
 - Could incorporate ADPY curriculum in the presentations
- Dr. Acton talked about how the Surgery clerkship brings students back to do didactics together one day a week
 - This is to ensure educational quality and assessment for each site
 - Dr. Duffy added that if all students came back to campus for one day per week run into issues with room reservations
 - She also talked about ways to come together for didactics at different sites instead
- One of the things that LCME asks about is equivalency across sites
- Shared didactics makes it easier and more consistent for students and also cuts down on the faculty hours needed
- It was shared that clerkships can try to use electronic means as well
- Others argued that unless it is part of the final grade, students will not do it
- Dr. Murray talked about CLIP exam which is shared electronic curriculum across different sites
- She also stated that because it helps for exam prep, students do it
- Simulation was another option for best practices
 - Faculty heavy and time consuming but easiest fastest cheapest way to front load skills

Next meeting: May 1, 2015 7:30am