

Clinical Education Committee
February 5, 2016
Minutes

Attendance - see last page

Review of minutes - December - approved

Announcements:

Clinical Skills Workshops - required sessions for MS2 students transitioning to clinical clerkships. Four dates in March/April focusing on practical skill development and role on the team.

Annual Clerkship Reviews

MEDS

- Improve residents' patient-centered communication skills - Feb 16
- Feb 15 deadline for Best Practices day abstract submissions.
- Save the date for Best Practices day, May 5.
- David Satin education research in progress, Feb 24.
- Check the website for more upcoming webinars and workshops.

No student concerns at this time.

Dr Prunuske did share student concern shared to him about what should be the result of exam questions on which students score poorly

Updates:

Multiple Mini-Interview program (guest Dimple Patel, Admissions)

Currently, interview program is very traditional - all candidates have two 45-minute 1:1 interview (from at least one MD). MMI is proposed for adoption here at UMMS. *see PPT*

- *Provide an overview of MMIs*
 - *Lit Review*
 - *Scenarios & Format*
 - *Cost*
- *Present rationale for using it here*
 - *Including perceived barriers*
 - *Consensus building process*

Questions or comments to consider as we continue to consider this interview format?

-Who vets the scenarios?

-How are the scenarios rated? (10pt scale, use of results vary)

-How can introverts be less disadvantaged? (adjust stations/times, one station where response is typed?)

-Less time mean less time to develop bias, but could also mean less time to overcome initial impressions? (Actually station raters do not have access to background materials prior to stations)

Anna Gregoire shared that based on her experiences, she prefers formats that are a mix of traditional 1:1 and MMI. Alexandra Muhar agreed, and shared that she experienced less anxiety during the MMI, because there wasn't time to consider HOW it was going as you progress from one station to the next. Both students commented that if you don't click with an interview that lasts 45 minutes, that was more stressful in the overall interview process.

Discussion

Clinical Sites and Preceptors

Efforts to build community preceptor capacity and relationships. Conversations with leadership from systems, including Healthpartners, will help build capacity for scheduling in the March lottery. Efforts also underway to connect with alumni and recruit preceptors, as well as with MMA to identify and recognize preceptors. A more formal event (annual reception) will be planned for next year. A brochure has been developed for interested preceptors and shared with health system leadership. Children's Hospitals are piloting an educational RVU project (contact Angela Goepford).

Themes from system leadership: requests for more simplicity in how students are scheduled/matched with preceptors and balance between higher level relationships and personal connection MD:MD recruiting.

Dr Nixon (formerly PCC and now POCC) has used multiple strategies for recruitment of preceptors. Current success seems to be due to a balance of department/course-level connections and medical school connections/recruitment.

Dr Fiol shared the difficulty of maintaining consistency of grading across multiple sites/preceptors. Dr Pereira confirmed that faculty have reported that they would like more training on how to give feedback, assess performance, etc.

Surgery confirmed that a two-pronged approach (school to system AND course to faculty) has been most successful for them. Dr Henry added some hesitancy to move away from personal connections at the risk of then not knowing who the preceptors are for your own course. Dr Nixon shared that most effective strategy is still to remove the barriers preceptors face in hosting students.

Dr Kim noted the competition from other health professional programs (NP, PA) for preceptor efforts. Dr Pereira confirmed this and noted it is an important part of the overall strategy. There are untapped preceptor resources out there that we have seeking. Leadership from medical groups are helping to identify those newly interested preceptors. Dr Olson wondered if there

were “training” materials that could be made available for interested preceptors and could CME’s be awarded for completing that training?

Dr Brooks indicated concern of losing shadowing/observing experiences for pipeline students in order to increase medical student for-credit capacity. Dr Kim shared the same has happened when sites turn to focus on resident education at the risk of losing medical student spots.

Anna Gregoire shared that there is a network amongst medical school alumni for logistics relating to interview travel, preclinical jobs, etc. Could that network work with current efforts to identify new preceptors?

Student onboarding requirements - compliance

Effort to improve process for ensuring that students are compliant in administrative onboarding requirements required for medical school enrollment and rotating at clinical sites (documented in affiliation agreements) - Immunizations, BLS, Background studies, Blood-borne pathogen training, HIPAA training, etc.

No students will be disenrolled for Feb 15 rotations. Students who are still not compliant in BLS certification or TB skin test will be allowed to rotate, but course/site will be notified that student is not yet compliant. Efforts underway to improve the oversight of enforced compliance and training of students to maintain their compliance.

Follow-up from January’s joint meeting

Debrief within UME about January’s exercise has not yet occurred.

Next meeting: March 4, 2016