

Clinical Education Committee
May 6, 2016
Minutes

Attendance - See the last page

Review of minutes

March minutes - approved as is

Announcements

Late grades - None to be concerned about today, but please be mindful that graduation is today, so grades for fourth-year students in rotations that ended today should be processed as soon as possible so that those students can be cleared for graduation.

MEDS - Medical School Curriculum Mapping in Action - Tuesday, May 17

Best Practices in Medical Education yesterday was inspiring - workshops and presentations and keynotes for faculty and staff. Slides will be available, but sessions were not taped (too interactive). Save the date for May 4, 2017.

Student Comments - Graduation!! Congrats to MS4 representatives!

From Nicole Cairns (MS2 -> MS3): Question from Student Council about criteria for Honors calculation - criterion-referenced or norm-referenced? Variations across clerkships. Students would prefer criterion-referenced in all clerkships, even if different. Clerkship directors shared perspectives on difficulty in differentiating between students in residency applications. UMN MSPE letters are difficult to understand. Student survey results showed that students report that letters and evaluation comments are more valuable than grades. Should there be consideration to not have Honors in the grading scale? Dr Nixon shared that, in review of applicants, he needs a way to determine if a student can do the things he needs that person to do as an intern, but if he can do that, he would not need the comparison to other students. Dr Murray shared that, in Pediatrics, the norm-referenced grading criteria was put in place to address inter-site differences in grading. Further conversations warranted, and must include the students, clerkships, and GME stakeholders. .

Updates

Tools for preceptors (Anne Pereira): A workgroup is working with the MMA to help support community preceptors to understand where students are at in their current capacity and learning. In addition, as was discussed recently, there are questions surrounding adjunct faculty status and the costs and resources associated. Attached handouts include a proposed learning profile that students could fill out and provide to

their community preceptor with their goals and objectives for the rotation. In addition, there is information from the bio-medical library about adjunct faculty resources. This will be valuable to SOME community physicians, but not to all. Dr Christensen shared that in the rural areas, the competition is to retain the preceptors that we already have, and not lose them to MNCOM (DO school in Gaylord) or to advanced provider programs. What is valuable to rural preceptors is different than to metro preceptors.

Clerkships lengths & capacity (Anne Pereira): Handouts include Lottery Results from March 2016 requireds and electives lotteries. Graphs shows post-required, post-pause, post-elective credit totals and the changes in the mean number of credits over that time. Thank you to Abbe Holmgren and Brooke Nesbitt for their aggressive management of student schedules and clerkship capacity. Capacity review handout: Goal in 17-18 is to get all MS3 students through foundational clerkships (plus remaining MS4 students). Focus on final row of each clerkship - "Average capacity needed for 2017-2018" and the delta between that number and the current average capacity per period.

Discussion

"Incomplete" grade discussion (Heather Peterson): What does the "I" letter grade mean? Student has successfully passed majority of course, but cannot complete the entirety of course during the term due to extenuating circumstance. The student and course director should complete an "Incomplete Contract" that defines the agreement between both parties on how the incomplete will be resolved. Heather will put together draft for group to review at next meeting.

Assessment of shorter rotations with Surgery (Suzanne van den Hoogenhof): New SURG 7500 clerkship will include bursts or integrated experiences in surgical subspecialties. There is no precedent nationally for how to assess the subspecialty activities within the overall course. Group will need to meet to discuss how to establish an overall assessment grid regardless of specific activity.

7:00am vs 7:30am start time: The CEC meeting had always previously started at 7:30am, but request had been to move it to 7:00am to better accommodate clinical schedules. However, attendance has not really changed. Consensus of clerkship directors in attendance today is to leave the meeting at 7:00 for now.