Clinical Education Committee
November 6, 2015
Minutes

Attendance: see last page

Review of minutes - October -

Announcements
MEDS - recent email with great list of opportunities
Late Grades - Heather Peterson, registrar, will send reminders to individual departments with outstanding late grades.

Student Comments
MS4 Residency Interview season beginning.

Updates
EPIC 101 and Man vs Machine curriculum (guest: Dr Michael Pitt)
refer to PPT
Man vs. Machine -- Three modules (see course objectives)- what, why, how - will be integrated into ECM 1.
Epic 101 - prerequisite core training from health system Epic leads, tracking at medical school level of completion, one-time completion.

Future project…..working on consistency for student role across sites, but significant risk management involvement. AAMC has best practices document.

Still need to consider access to Epic at sites, ethics, best practices, etc.

Dr Pereira inquired about the number of students who enter medical school having been a medical scribe; how to incorporate their experiences into the curriculum.

Dr Chipman asked how students who then train as residents in other parts of country can extrapolate this training to other sites who do not use Epic. Dr Pitt shared that Man vs. Machine curriculum is not specific to Epic.

BlackBag for Clerkship Directors
LCME connection, tutorial
identify gaps and redundancies, establish integration

Clinical Course Grades, Yrs 1-4 policy & "pass by re-examination"
Major change is to last paragraph:

"If a student fails the final exam (NBME Subject "Shelf" Exam or other) the first attempt, but otherwise passes the clerkship, the student will be allowed a second attempt.
-Should the student pass on the second attempt, the highest grade the student will be eligible for to achieve is 'excellent.'
-Should the student fail on the second attempt, the student will fail the clerkship."

Discussion
Reciprocity and Retaliation - system and process realities
Concerns from students that when they fill out evaluation of preceptor, there is fear of retaliation. More specifically, retaliation if filing out negative evaluation of a resident. There are settings in E-value that prevent this retaliation based on evaluation:
1. Educator-Trainee reciprocity: Both parties must have completed assessment/evaluation before viewing details.
2. Educators #: Educators may not see details of their evaluations when there is more than one completed evaluation. (Note: there are time frames on each evaluation though).

Dr Murray shared some experiences within Pediatrics that may have demonstrated retaliation. There are too many ways to possibly download/print evaluations with identifiable markers of students. Dr Jewison expressed concern that, while students need to be supported and protected, there is also a level of professionalism that needs to be adhered to that supports constructive criticism. That criticism is part of the profession. How does the school balance those two factors?

Dr van den Hoogenhof shared that an additional setting may be put in place that would restrict preceptors from viewing their evaluation data for three months. WILL PUT THIS IN PLACE NOW. There is also a setting that establishes level of anonymity.

Dr Murray expressed strong desire for evaluations to never include name or chronology. Dr Prunuske shared that anonymity increases possibility of getting useless, snipy feedback. Dr van den Hoogenhof corrected that the identities would still be evident to her office, so confidential but not anonymous.

Dr Pereira added that there is concern from students about reporting duty hour violations, especially within specialty they may apply to. That reporting should not be tied to a specific student.

Dr Nikakhtar shared that while changed evaluations will not affect a submitted grade, changed comments are still accessible for the MSPE letter. He also noted that there is also the possiblity of student retaliation against an evaluator that submitted negative comments on the student first. Dr Hobday asked if there should be a criteria for allowing evaluations to be reopened, to prevent reopening evaluation to put in schnarky comments. Should clerkship directors have to vette any reopening of performance assessments?

Dr Kim reminded group of the Mistreatment & Harassment reporting that may be a more suitable venue for reporting "a preceptor yelled at me" than the clerkship/preceptor evaluation. Just like negative comments for online products, the electronic format is not most suitable for this feedback. Dr Murray added that the faculty/residents who may be the "retaliators," are also those who do not always participate in narrative feedback.

Consensus from group is that there is need/desire to protect students from possible retaliation. Add EthicsPoint link to Evaluation tab on BlackBag? what goes in clerkship evaluation vs. what should be reported as harassment.

Dr van den Hoogenhof will investigate what setting options are available.

Best Practices
Surgery 7500 - Tuesday Education Days (TED)
All students return to UMN for didactics and skills sessions on Tuesdays during SURG 7500. Has established consistency of education across sites that was impossible to do when didactics were distributed and has included simulations that would be impossible to do at all sites. Has also reduced the number of faculty needed to implement the sessions, though those faculty are primarily from UMN. Feedback from students centers on need from parking, difficulty of rounding at site in AM before education day, or returning to site after education day. Alexandra Muhar shared that student feedback is good regarding skills labs and feeling like you have same experience as everyone else. No negative feedback from sites about excusing students each week.

Dr Fiol shared that NEUR 7510 has implemented didactic days, but integration with residency education sessions runs risk of being overwhelming for students. Asked Dr Acton how to evaluate the value of the sessions for students. Dr Acton shared that the Shelf exam scores are comparable across sites and could be related.

Dr Specker shared that they are looking at technology to allow students to video conference into didactic sessions on campus.

Dr Prunuske also shared the value of bringing students back together when they are displaced individually or in small groups across sites.

Dr Pereira added that the Intersession weeks planned for 2017-18 could potentially be used for similar group active learning (in addition to institutional assessment).

Next meeting: December 4, 2015