

Clinical Education Committee

March 3, 2017

Minutes

Review of Minutes: February minutes approved

Announcements

- Attendance grid was presented as how we will keep attendance for this meeting
- Lane placement are complete and will be scheduled
- Education Council Report from Dr. Murray
 - Nothing specific from Ed Council to bring back

Updates: Learning Environment Rounds (Dr. Watson)

- Started after the LCME cited us for not having enough monitoring on our learning environments
- Dr. Watson has been asked to lead these again
- 4th year survey indicates that our learning environment satisfaction is lower than average
- Learning rounds to look at many clerkships
 - Followed students and faculty around at the sites for half a day and then did a debrief with the sites to make goals
- Did a focus group in February this year - outcomes in the handout
 - Need to look at the organization for learning (logistics)
 - Hidden curriculum - blaming, criticism, inclusion of students, organization of teaching, team participation, etc.
 - Relationship amongst learners - how set the tone on day one, hierarchy, even team?
 - Developed a group of questions that are intended to be used on learning environment rounds
- Learning environment rounds coming soon
 - 3-4 people per clerkship at several sites
 - ½ to full day there
 - Sessions with students, faculty, education leadership
- Wants discussion around which sites they should go to
 - Gold sheet has the highest and lowest rated sites and clerkships
 - Ideally would go to some high and low sites and cross-pollinate
- Dr. Acton asked about whether or not the rounds would look at the divide between surgical and non-surgical education
 - Dr. Watson explained that the last time we did this it did not come up
 - The point of these are to see regardless of the hours, how students are being treated - more of trying to understand what works and translate into definable actions that can be used cross-clerkships

- Dr. Pereira added that the culture the students are asking for is to have them be a part of the team (otherwise it is difficult for students to feel engaged)
- Dr. Kim explains that we are kicking them out with duty hours, so they actually are very engaged
- Dr. Acton lamented that there is less interest in surgical clerkships yet everyone has to go through it
 - Dr. Watson responded - students don't have the procedural skills that they would need to in order to be doing everything that they could do rather than in medicine, they could do much more
- Dr. Nixon seconded Dr. Kim's comment and wonders about themes across the sites
 - Wondering if there would be a similar utility to look across the different clerkships rather than focus on one clerkship to tease out thematic differences between the sites
 - Dr. Watson explained that was exactly what the team had done last time
 - Dr. Watson said that one of the things they tried to figure out was what the central theme to medical education
- Dr. Ercan-Fang said that being on the receiving end of the learning environment rounds at the VA was very helpful
 - Felt like they were partnering with the University to improve the environment
- Dr. Murray asked Dr. Acton to explain a mentorship model
 - Dr. Acton explained that they have a couple of sites where the students work with a very small cohort of surgeons (Abbott, North, Duluth)
 - Students don't have defined concrete expectations, but just pair with one or two faculty members
 - Students get to tailor their education (good for some students and bad for others)
 - Dr. Murray wondered if a bridge between the student and the attending would help to improve the environment and would help with trust building
 - Dr. Acton talked about how when they asked the students why they chose sites
 - Most of their comments were parking, food, and less about environment
- Dr. Nikakhtar asked Dr. Watson if this would also be extended to GME
 - Dr. Watson explained that there were residents involved
 - In the GQ residents have been rated higher than the national average
 - Dr. Watson said that the students are doing less of those procedures that they used to be doing though - NPs are now doing that
- Dr. Watson expressed that it would be good to have a couple of clerkship directors in the environment rounds to see sites that they are interested in looking at
- Dr. Fiol asked how burnout fits into all of this
- Katie Thibert expressed that there is a high expectation for students to be there
 - Students need to be able to ask and advocate for themselves to be able to do procedures
 - Difficult because many of the students may think that rotations that they're not going into are less valuable to them
 - In surgery no one holds them accountable for it and then they end up going home

- Culture is different and the expectations are not set for the students in surgery vs medicine
- Alexandra Muhar agreed, but also felt like 24 hours is a long time to follow a resident around when they won't let you do anything
 - Very big difference between shadowing and being able to do some independent tasks
 - If residents are too time-crunched they feel like they don't have time to teach and many times students then become less actively engaged
 - If students are thinking about parking and food, that might be the fact that they are so out of control of everything else - this makes their lives a little easier
- Pat Schommer said that a lot of the problems are just specific to the block clerkships and that we should let more students go out to the LICs
- Dr. Kim echoes that as a medical student he was doing much more
 - Sees it as an opportunity to possibly extend the student's experience to work with NPs too instead of just residents and attendings

Discussion (Barb Blacklock)

- Barb explained that there is a second year medical student who has successfully completed all of the requirements until now and is getting prepared to go into clinic
 - Has a wheelchair and a lifting restriction
 - Has used minimal accommodations
 - Has used an access assistant - senior undergraduate students (engineering student right now, medical student in the fall, and a student who had already been admitted to medical school)
 - Also have a job description in the handouts for an access assistant
 - Want to get feedback on what they would be needing to do in the clerkships
 - In the past has done physical tasks that the student is not able to do - move things in the room that are in the way of the wheelchair, reached for blood pressure cuffs, etc.
 - Always under the guidance of the medical student
 - Dr. Kim explained that before the start of each clerkship we will come meet about specifics but today we are looking at overall broad ramifications and barriers and then also think about your sites
- Dr. Ercan-Fang explained that they do have a physician at the VA who is wheelchair bound. Asked if she was able to do a physical exam
 - During ECM there was a list of exam maneuvers that she could do by herself, things she would need help to do, and things that she couldn't do
 - Access assistant cannot interpret
 - 50% she could do independently, 30% she could do with an access assistant and the rest she couldn't do
 - Would try to work with the clerkship to figure out how to accommodate the things that she cannot do

- Dr. Fiol asked about the patient interaction and patient response
 - Dr. Nixon explained that patients reacted very favorably and that they would ask her what it was like - made an instant bond with patients
 - Really good about explaining the role of her assistant
 - The first day Dr. Nixon walked her through the expectations and would help to anticipate where there might be issues or barriers
 - Dr. Nixon did the walk through with her
 - Dr. Murray asked how it was going to work to do a walk through prior to the clerkship
- Dr. Jewison asked what the plan for the OR is
 - Dr. Acton explained that she has not been in the OR
 - Cannot bring her wheelchair into the operating room
 - Could potentially get a wheelchair to stay in the OR that she could transfer into it
 - Would also have to figure out how to transfer that to different sites and whether the hospitals are willing to do that
 - Would need to transfer into scrubs when they get to the institution
 - Another thing to think about would be the locker rooms and if she could be able to get in there - or another accessible place to change and secure her clothes
- Barb Blacklock asked whether or not she would be able to come in scrubs or not
 - Dr. Acton said that would be fine, but she would have to change into the hospital laundered scrubs
- Dr. Kim asked if describing how they would do it would suffice for actually performing surgery
 - Dr. Acton said that may be possible, but it is hard because they send the students ahead to ER or another place where they have to examine the patient prior to an attending being there
- Dr. Matt Young asked what her career will look like
 - Barb Blacklock said that was likely
 - There are staff at the university who work with residents with disabilities
- Barb Blacklock is aware of students in wheelchairs at other medical schools - will try to get contact information to see how that is working for them
 - Other question is about the access assistant - would it be okay if there was a 2nd or 3rd year nursing student who could do that? Would everyone be comfortable with that?
 - Dr. Murray said that the individual would have to be trained in the activities that they need to perform and then would have to be cleared for onboarding
 - Dr. Nikakhtar said that if the person has a medical background that it needs to be very clear that their job is not at all interpreting data
- Brooke asked for full time clerkships if they envision having a full time access assistant who is in surgery 60 to 80 hours per week or available for a few half days
 - Barb explained that they will need a team of people

- Also thinking about whether or not they need to hire a full time employee
- Dr. Jewison explained that it does sound like a full time job and would be good to have a team of them instead of just one
- Dr. Jewison also asked how they will deal with extra time needed for mobility to get the best education possible to see the same number of patients
 - Maybe she need extra time to do that
- Dr. Nikakhtar was wondering if they were thinking about gender matching for the access assistant (OB especially)
- Dr. Kim asked what providing equivalent experience and what we can accommodate within each clerkship
- Dr. Acton asked if she was able to transfer herself
 - Barb explained that she was not able to
 - Dr. Acton expressed concern that there wouldn't be a way to even get her to the wash sink
- Dr. Murray highly recommended to start doing the detailed site exploration ASAP
 - Dr. Acton said that they almost exclusively use stairs
 - Dr. Jewison asked if there was a way to keep most of the surgical rotations at one site so that the surgical people know her
- Dr. Pereira said that it sounds like the next thing to have happen would be to meet with the individual clerkship directors
- Barb asked if they would be able to provide general hours that she would be expected to be there
- Dr. Pereira asked if they had a list of questions to provide to them beforehand that would be the best

Grading Discussion - Clerkships to LICs

- Dr. VanDen Hoogenhof said there were 2 different discussions
 - If we have EPA assessments instead of what we have now, how do we assign a grade
 - How much do the LICs have to follow the block clerkship assessment grid?
- Dr. Hobday explained that they do not do grades but if there are questions that she would be happy to answer
- Dr. Candy and Dr. Ercan-Feng have a proposal for this
 - Going forward they want to have basic requirements to complete VALUE and be eligible to get a grade from VALUE
 - Achieving a 3a level on EPAs
 - Take and pass shelf exams
 - Continuity method to track how many panel patients went to appointments and what percentage of appointments the students were able to follow - set a percentage that students should be going to
 - Grading - students would put together a portfolio
 - Mid and end feedback from evaluator

- Input from other faculty and staff that they have worked with (residents, and other preceptors) - 360 feedback from most of the staff they have worked with
 - Professionalism self-reflection
 - Completion of tasks and duties required for training
 - QI
 - Evidence based medicine
 - Interprofessional work
 - Scholarship
 - Evaluators
 - All VALUE site directors for the clerkship - reach out to preceptors to get feedback (meaningful feedback)
 - VALUE directors, longitudinal mentors and Site Directors review the portfolio and feedback from directors who would determine a preliminary grade
 - Would then bring those to the Student Assessment Committee and the mentor would defend that grade
- Dr. Acton asked if they would be getting individual grades for the courses
 - Dr. Ercan-Feng said yes and that the grading definition is identical but how they assess it is different
- Dr. Nixon is the one who wanted to have this discussion
 - One of the things he was thinking was when students apply for residency they have these grades on their transcripts
 - Would like to have all of the same things to go into that for both LIC and non-LIC students
 - Don't want to advantage a student because they did one type of rotation vs another type
 - Would maybe like to see it go the other way - if one way is a better experience, how do we pull that into the block clerkship
 - Dr. Hobday said that the inputs are different and the curriculum is different and to shoehorn one way or another isn't comfortable either
 - Dr. Nixon expressed concern that if one sets a minimum score on the shelf to get an H so that would not be fair
 - Dr. VanDen Hoogenhof said there was a consideration to get rid of this for all for next year
 - Dr. Ercan Feng said it wasn't fair to down-grade students who got a few points less on shelves for grading medical knowledge when they feel like they can evaluate medical knowledge better
 - Dr. Murray explained that they are in the process of trying to do this as well and it is a challenge
 - Struggling with an archaic assessment format with no longitudinal knowledge of the student

- Dr. VanDenHoogenhof said that one thing would be good to do would be to have some of the VALUE site directors to look at what might work to pull this into the block clerkships