

Clinical Education Committee May 4, 2018 Minutes

Open

12-month work plan review

- Please reach out to Betsy Murray if you have interest in one of the topics

Discussion

Rationale for tuition allocation for required clerkships (Pereira and Murray)

- Bob has asked CEC to make recommendations for distribution of allocation between the clerkships
 - This is prompted by the changes to the length of the clerkships and the change in tuition allocation
 - We need a working group who will meet three times by the end of May and propose something to the rest of CEC in June
 - The budget planning happens in early summer and need this before that
 - Dr. Nikakhtar (8 week clerkship), Dr. Hutto (4 week clerkship), Dr. Henry (4th year clerkship), Dr. Ercan-Fang (LIC), Ali McCarter and Kevin O'Donnell, Dr. Pereira and Dr. Murray will be members of the working group
 - The big questions:
 - how does the cost differ between clerkships
 - separate the amount of money that goes to the clerkship directors themselves
 - the costs that vary based on length
 - Whether the cost is being covered by the department or if it is indirectly going to the sites
 - If there is going to be something recommended that will make dramatic funding differences we will think about doing that in a phased manner
 - Dr. Olson asked if it was a tweaking or if it was something completely new
 - Dr. Murray responded that they will be working off of the most present version, which is student weeks - not sure at this point how significant the change is going to be
 - Dr. Nixon clarified that it is only looking at required clerkships
 - Dr. Englander elaborated if there are other items that need to be funded, those should be included in the proposal

- Dr. Murray added an example that potentially the school should cover the cost of online curricula
- Ali McCarter asked how they were going to get the costs from the clerkships that are not represented
 - Dr. Murray said they will have a pretty knowledgeable team at the table who should be able to get that information
 - Brooke Nesbitt said that they have a lot of information about the different options that clerkships are gaining costs for, but if there are other items, she is willing to collect those ideas
- Dr. Ramaswamy explained that she sort of imagined that this has been going on so long that they don't necessarily know exactly what the costs are and where they're coming from at the department level
 - Dr. Nelson agreed, she has never had a budget
- Dr. Murray said conversation number one is about overall costs, second is about whether .2 FTE is the correct size, number 3 is transparency about costs and distribution to departments
- Dr. Ramaswamy clarified that they were going to try to compile both at the main core site as well as every other site
- Dr. Englander explained that the major goal is transparency so that everyone understand what tuition dollars from students go to and what it is to be used for and to hold departments accountable to that
- Dr. Ramaswamy asked whether any of that money has been divided up to the sites
 - Dr. Murray said that it depends on the department how that works
- Dr. Nixon asked how money is currently distributed to the LICs
 - Dr. Pereira said they are engaged in a parallel process to look at LICs because there have been different structures for each of them
 - Trying to get a standard process across LICs
 - Dr. Englander clarified that at this time the proposal will not include LICs

[EC Report](#) from 4/17/2018 (Nikakhtar)

- See handout
- Dr. Kim added that psychiatry is now currently as competitive as general surgery
- Dr. Ercan-Fang asked what the outcome is for students who don't match when they reapply next year
 - Dr. Kim explained that students can either graduate or can continue in a Flex 5 program and stay on until December of the following year to take additional classes or away rotations - then they can enter the match as a senior and
 - Students who have done Flex 5 there have been about 20-25 students who have done it and so far only 1 student has not continued on to residency after
- Dr. Skarda asked how many students in this class did not match
 - Dr. Kim said further data will be provided at a later meeting
 - After the main match there were 21 students who needed something

- After the SOAP, there were still 8 students who did not have a match and most of those will go through the Flex 5 program which is higher than our normal average
 - Dr. Englander added that they are working hard to make sure that this never happens again - our goal should be 0 unmatched students
 - Dr. Olson asked if the departments need to be involved in this work as well
 - Dr. Englander said that we are going to come back to the group with the root causes and then work on finding solutions
 - Dr. Ercan-Fang asked if there was a possibility to give input to the group
 - Dr. Englander said to email either Dr. Kim or him to add additional information
 - Dr. Kim added that there is a conversation about creating educational goals for the departments
 - Dr. Englander added that we are already trying to help some issues that will help match rates - one is to help with the transition from Duluth

Clerkship Director of the Month (Young)

- See slides

Official Membership (Murray)

- See handout
- Blue table tents are voting members, purple table tents are non-voting members
- Official membership raised a bit of an issue - we have official rules that we need to govern ourselves
 - One rule is that the chair needs to be elected by the membership which leads to the vote of confidence

Consent

- Vote of confidence were collected

Clerkship Management (Nikakhtar)

- Will be discussing managing clerkships across multiple sites
- Brooke Nesbitt explained additional information about LCME Standard 8.7
 - Are all the faculty, residents and fellows informed about the procedures and diagnoses, grading system and components of the grade, curriculum, expectations, mechanisms for performance assessments, who are looking at the assessment data, how to address and communicate inconsistencies
- Dr. Fallert explained that they have about 30 possible sites which creates some challenges
 - Address some of that by doing all of the didactics in the same place (education day)
 - Uniform case card so that students are getting the same experiences
 - Assessment is more challenging - about half of the grade is the clinical evaluation and half is exams, presentations, etc.

- Dr. Fallert looks at each grade as it's being entered to make sure that preceptors aren't always just giving the same kinds of assessments
 - Most sites have taken students for a while and know how to grade students
 - Dr. Brink does preceptor development at the sites - new preceptor onboarding or assistance for current preceptors
- Dr. Nikakhtar opened the floor to the challenges that people have had or anticipate to having with comparability of sites
 - Dr. Violato reminded the group that the assessment committee is undertaking the project of standardizing assessment/evaluation in the clinical environment - all clerkships, all sites
 - Anyone interested in the working group, please contact Dr. Jewison
 - By the end of 2018 the hope is to have a recommendation about how to standardize this and implement the plan a year from now
 - Dr. Hutto said there are preconceived notions about what happens at particular sites in a clerkship and self-selection into those sites for students
 - There is an expectation that anyone who wants to go into OB/Gyn need to go to HCMC - students have notions about where they should/should not go
 - Ali McCarter added that this is the case for the information the students pass down year to year
 - Kevin O'Donnell said it's very known by students which sites to go to
- Dr. Murray added that there are common themes - clinical performance assessment is on everyone's mind, and underground information about sites from students. This topic will continue to come back in future meetings