

Clinical Education Committee
June 1, 2018
Minutes

Open

May minutes in the process of being approved **NO MEETING IN JULY**
Vote of Confidence outcome - unanimous

12-month work plan

- Please take July to look through this and decide how you want to be involved

Vote

Final Report from the Tuition Allocation Task Force (Murray) (see handout)

- This is just the proposal for the required clerkships
- Dr. Ramaswamy asked about the fixed costs that were calculated for all of the directors and coordinators because she was not able to provide the costs for each site. How was this calculated?
 - Dr. Murray explained that they knew the cost exists, but they were unaware of where this cost came from. Most common that the cost of coordinators is borne by the sites, but some departments do send allocation to some of the sites
- Dr. Pereira explained that the task force might continue to meet to discuss the two items on the first page of the handout that were not covered by this proposal
- Dr. Olson asked about transparency. Is it appropriate and possible to have a yearly report to how departments are using this money?
 - Dr. Murray would like to keep the task force constituted to address those two additional issues: whether .2 FTE an appropriate allocation for clerkship directors and what recommendation the committee has for the transparency about costs
- Dr. Murray asked for a motion to move the proposal forward
- Dr. Nelson Moved, Dr. Ramaswamy seconded, the vote was unanimous

Reports

Education Council Report (Ercan-Fang) (see handout)

Clerkship Director of the Month (Clark)

- Dr. Clark explained that RPAP is rural 9-month LIC and MetroPAP is an urban underserved 9-month LIC
 - Students get 36 credits, but the program is responsible for about 42 credits throughout their 3rd and 4th year
 - New for this past year
 - Burst curriculum - meant to complete nearly all of the core required clerkships in their 3rd year and get uniform credits for all these students
 - Have redefined what the core content for the 2 week bursts is for this coming year

- Efficiency
 - Applications - electronic process instead of paper
 - Student's 9 month plan with their site is now online as well
 - Using google calendar to help student understand what they need to be doing when
 - Outlined core experiences in RPAP so students understand what the expectations are for the content they should be getting
 - Changed online curriculum to be easier to navigate during patient care
 - Split students into smaller groups of 8 so they don't feel as isolated
- Future plans
 - Partnering with the Eco program (addiction medicine intervention project that uses an online interface together to learn about addiction medicine) to use curriculum building resources to outline a 6-month curriculum for students to meet with preceptors to learn how to do team based addiction medicine care
 - More virtual visit cohort experiences
- Challenges
 - Solo preceptor model is all but gone - need to change the model to be more team based and student driven
 - Challenging for students to plan and also to recruit new sites
 - Healthcare mergers - need to check in on relationships with sites more frequently
- What can CEC help with?
 - Continue to be a sounding board as things continue to change
 - Would like to continue to move to more PBL - may need help for facilitators
 - Residency/career planning with faculty here
 - Use clerkship exam structure currently, but students don't like traveling to take the exams - brainstorming on different ways to take the exam or equivalent exams
- Dr. Ramaswamy asked how they have dealt with getting adequate assessment with multiple preceptors
 - Dr. Clark explained that they use their primary care preceptors as conduits to their specialty preceptors - they still have to chase down people - this is a continuing challenge and they would like to have folks from here go out to sites to facilitate assessments for students
- Dr. Jewison asked if they do any pre-knowledge about how to assess and what to assess on rotations or do they wait to track it down later
 - Dr. Clark said that they had a scripted discussion with each of the primary preceptors about the expectations for each clerkship

- Dr. Jewison followed up asking what evaluation resources would be helpful: this is something that the assessment committee is currently working on
 - Dr. Jewison asked if the students got to choose the courses they take
 - Dr. Clark explained that it is uniform, all students do 2 weeks at Peds, Ob/Gyn and Psych and then they get 2 additional weeks of experience at their sites
 - Dr. Murray offered facilitators for PBL
 - Dr. Olson asked about the distance discussions with faculty and what would be needed to make those even more meaningful
 - Dr. Clark explained that these visits have been going on for a long time. He would like to preserve a place for students to do formal presentations, but maybe not the amount of time that is currently allocated to it

Discussion

Simulation Curriculum (Young and Lawson)

- See Slides
- Dr. Ramaswamy asked if they were utilizing residents
 - Dr. Lawson explained that they had a SIM fellow who is a faculty member, otherwise it is just the two of them
 - Dr. Ramaswamy said they had incorporated residents, but it's not easy either
 - Mary Ann McNeil said that they use mostly residents to do simulation, but they also pay them \$100 per session - this issue is whether or not they have been trained on debriefing
 - Dr. Olson explained that it's very complicated with CMS based on double-paying rules
 - Dr. Kim added that there are multiple bays in the new simulation center
- Dr. Nikakhtar said that there are several challenges
 - Pulling students away from their sites
 - Getting enough faculty - they are using peer feedback in addition to faculty feedback
- Dr. Jewison asked how many students can be accommodated
 - Dr. Lawson said that they did groups of 3 students
- Dr. Olson said it seems like there should be a longitudinal experience of this across the clerkships
 - Could we move PBL into more high fidelity simulation cases?
 - Dr. Lawson said that with the addition of the new SIM center coming in and the time to do it, the directors should implement now, not just thinking down the road
- Dr. Nikakhtar added that with the tuition recommendation the simulation money would be coming from a separate pot
- Mary Ann McNeil explained that Dr. Konia's vision is to ask individual departments to designate champions to come and learn to be debriefers and case writers to then take that back to their own departments

- Dr. Pereira added that currently we don't have a catalog of what simulation is currently happening, but the first step would be to find out where the duplication and holes are
- Kevin O'Donnell said he has always appreciated simulation when he experiences it (some of it is site dependent)
- Ali McCarter added that this is a high value learning experience for the vast majority of students
- Dr. Young asked the students what they have done in simulations so far
 - Ali McCarter said that her experience is a little different coming from the Duluth campus - did several in pre-clinical years and then a few on RPAP
 - Kevin O'Donnell said there were many site dependent ones at the sites, but most were lower fidelity simulations
 - Ali McCarter added that the lower fidelity simulations have also been included in the Becoming A Doctor series
- Dr. Murray said that this discussion is one that should continue
 - Our own list of Procedures and Diagnoses should be reviewed again - this is something that will be scrutinized in the LCME visit
 - If anyone is interested to participate in a group to shape a comprehensive catalog of current simulations and then a future plan for the SIM Center and what the central simulation curriculum should be based on procedures and diagnoses, please contact Dr. Murray
 - Dr. Olson added that we should also include the sites in this as well - Childrens, HCMC, VA, etc.

USMLE Results (Dr. Kim)

- See slides
- Dr. Young asked whether the test is even good enough or should we be teaching to the test
 - Dr. Kim said it's probably good to focus on time management and clinical reasoning skills
- Dr. Gleich clarified that this is 8/230, which seems like a very small number to drive curriculum change
 - Dr. Olson added that yes, the goal is to make 100% pass rate because it's a big red flag for students who don't pass it
 - Dr. Jewison asked whether or not the OSCE was a good measure for these people
 - Dr. van den Hoogenhof said that the OSCE does pick up on communication risks, but are still working on the SOAP notes part
- Dr. Pereira said for the purposes of this group, the coaching is the part that needs to improve - consistent with the GQ - we are below the national mean for students who have had a physical exam directly observed
- Dr. Murray said that this is the only Step exam that we can see clinical experience simulated - should try to aim for students who can complete an exam and note in 25 minutes

- The ask is to expect to be approached by Dr. Mustapha for meetings and engagement around deploying high quality clinical encounters that are well designed and assessed
- Dr. Gleich clarified that 100% subsequently passed so we were eventually making the pass rate we are going for
 - Dr. Murray said that they would prefer a 100% first time pass rate
 - Dr. Olson argued that the match rate for these students is at risk for folks who failed a first time