Clinical Education Committee
June 2, 2017
Minutes

Review of May 2017 Minutes

Announcements
Transitions and Thank You’s

● Dr. Acton will be stepping down as the surgery clerkship director
● Dr. Murray will be the new chair of CEC
● September will be the next CEC meeting

Innovation Challenge

● See handout
● Dr. Pereira explains that they would like to protect faculty time to innovate in their clerkships
  ○ Can award two innovation challenges
● When we move into the new building in 2019, there will be no lecture hall
● Proposal is due June 19th
● Dr. Rosenberg explained that the new health sciences education building will be a reality due to the bonding bill that was signed in on Tuesday of this week
  ○ Goes to Board of Regents in July
  ○ Projected opening December 2019
  ○ LCME site visit is March 2020
  ○ Building will be 6 floors and contiguous space in PWB
● Dr. Howard reminded the group that the Josiah Macy foundation gives an award to an educator who does innovative work
  ○ Dr. Pereira will look into the process for that and get back to the group

Update

Education Council Update

● Dr. Murray - ed council made a strong recommendation to the Dean that we move to a P/N grading scale for the first 2 years
  ○ Dr. Rosenberg explained that the Dean wanted another consultation with the chairs and some other members of the meetings and that is happening this Friday
  ○ Ideally will go in place for the incoming class
  ○ Dr. Fiol asked if year 3/4 will go the same route
  ○ Dr. Murray doesn’t think so, but that there might be a lessening of emphasis on written exam and more on criterion based assessment and longitudinal assessment
● Y2Q results
Administration is working to be increasingly transparent about their questionnaires.

Themes are emerging - burnout, learning environment, drops in empathy
- Links to the ed council’s recent charge to the committee

Dr. Baker asked if the Y2Q questions are the same as the GQ
- Dr. Murray would imagine they are but not positive
- Dr. Kim confirmed that they are exactly the same, but the Y2Q has only been going for the past 3 years and the first 2 years were a pilot, so we don’t have that much data yet
- Dr. Kim explained that we have about mid-60% response rate
- Dr. Howard asked what prevents burnout and preserves empathy in the second year
- Dr. Kim said there are several things that can ameliorate burnout - sense of purpose and more clinical experience, getting rid of stressors (P/N grading)
- Dr. Nikakhtar - sense of being uprooted, anatomy and dissecting cadavers, human suffering, anything high stakes for the purpose of advancements
  - Sense of collaborative learning environment, and sense that student’s education is considered important to faculty and school can help
- Dr. Acton said it’s different now because everyone is at home and not studying together and having a sense of community
- Dr. Lawson enjoyed the first 2 years because of the taped lectures
- Dr. Olson said that the best way to do it is building community around clinical work
- Dr. Lawson said it can’t be anything additional to their education
- Dr. Pereira said that there is a new POCC longitudinal clerkship - having them in 1 clinical setting for all of their POCC
  - We have a lot of contact time with students compared to peer institutions and are trying to think about how to change the quantity of curriculum
  - Dr. Howard said preceptors are much more interested in having students longitudinally
- Dr. Kim explained that one of the biggest correlating factors with burnout is when students are working with residents and faculty who are burned out - need to look at it across the continuum

Match report
- Only 6 students did not match
- Students are applying and interviewing at an incredibly wide net
- Now programs can’t tell which students are actually interested rather than just applying too widely
Dr. Pereira is doing some of this work with the internal medicine programs nationally - 45% of 20,000 respondents said most of the information that they’re getting is from peers or near-peers, 15% from faculty or administration from the medical school

Dr. Kim said 85% will get a top 3 choice, 95% will match and we have a Flex 5 program where students can then go through the match the following year

Dr. Olson said it’s hard for residency programs to be transparent because the information that they’re getting is not useful in the MSPE

Dr. Fiol is wondering how to keep students interested and connected to the specialty throughout their medical school career

Dr. Acton said they set up meetings with students, and do informal or formal mentoring

Student Updates

- Nicole Cairns - at September meeting there will be 3 new students
  - Erin Mustonen is the other 4th year student
  - 3rd years will get elected soon

Discussion

17-18 Redesign Check-In (Dr. Pereira)

- All students will move through all of the foundational clerkships during their 3rd year
- Challenges
  - Changing the length of clerkships (Peds, Ob/Gyn, Psych)
  - Integrating surgical sub-specialties into the surgery clerkship
  - Would like to hear feedback from the clerkships on this
- Also first year that we will have the intersession curriculum
- Dr. Nixon asked about the 20% off cycle students
  - Brooke explained that the students who are off cycle are the students taking Flex MD, USMLE, remediation, students who have already taken courses, etc.
  - Dr. Nixon said that most students on Med right now will be taking Step 1 after and feel fine about it
  - Dr. Acton said that some of the students that they have took Step 1 already
  - Dr. Nixon said that having clinical experience before taking it will actually help them in their Step 1 preparation
  - Dr. Pereira explained that for students who were at risk for Step 1 had a bigger issue with taking students in clerkships before they took Step 1
    - Several schools are now having their students take all of their foundational clerkships before Step 1
- Dr. Murray said what they’re thinking about is the increase in available capacity in future years may be directed to a separate elective that can be taken by other 4th year students
  - Dr. Howard said the challenges were the CLIPP cases were a lot to do in 4 weeks, how to pack didactics into that time
• Burst curriculum for RPAP will also be new
  ○ Dr. Baker said thank you for the 2 week bursts - the biggest challenge is the push to take Step 1 early enough to have time to get into the bursts
    • Will welcome input
• Dr. Acton hasn’t heard very much back from their sites
  ○ Had some movement on sites that was challenging
• Dr. Kim said the vast majority haven’t started clerkships yet
• Dr. Pereira explained that this is the bumper year, so thank you to the folks who increased capacity
  ○ Would like the transition to the clinical years to happen a little earlier - work over the next five years
• Dr. Acton talked to RPAP about students in RPAP who end up wanting to be a general surgeon - could we create new surgical tracks for a few of the RPAP sites
• Dr. Olson - intersession
  ○ Tasked with coming up with something new - not new content, give students opportunities to develop skills, transitioning into their role as a professional
  ○ Chance to build community among students
  ○ Significant amount of small group work - some existing groups (ECM/LC groups hopefully with the facilitator from their first years), faculty advisor groups, lanes
  ○ TED talk session given by students (health policy in first intersession)
  ○ ultrasound experience
  ○ oral presentation skills
  ○ developing key skills in reflective practice
  ○ center for spirituality and healing to help them develop these
  ○ how to deal with constructive/negative feedback, how to ask for feedback
  ○ how to have hard conversations
  ○ OED diversity training and microaggressions in the clinical environment
  ○ Working with alumni society to provide mixers in the evenings for students
  ○ Students will have between 2 and 3 afternoons off to do other things
• Dr. Gleich is excited about the thought that bigoted or bad behavior by patients will be addressed
• Dr. Olson talked about the power differential that happens and how to defend someone else if that is something you might do
• Dr. Rosenberg said another possibility would be to bring in more basic science into year 3/4
• Dr. Olson said that is one of the more difficult to pull off because you need a lot of basic science folks
  ○ Have not planned for that for this first one but would like to do that for future ones
  ○ Would also like to engage MD/PhD students to help this
• Dr. Roseberg said there were also graduate students in the medical school that might be of help for that
• Dr. Acton said that could be a good opportunity for graduate students to practice their teaching - asked if there would be EPAs worked in
Dr. Olson said they would be talking about assessment

- Dr. Nikakhtar clarified that what Dr. Olson was talking to was about microaggressions towards people from minority groups
- Dr. Baker said that there are many folks who have done healers art and she has another one called meaning in medicine - some students may already be familiar with some of this work
- Dr. Nixon said there is a good piece by Renika Gupta called Slaves about how a student was very biased towards her
  - For basic science, it could be very connected to the clinical realm