

Clinical Education Committee
September 7, 2018
Minutes

Open

[August Minutes](#) - Approved prior to this meeting

Strategic Planning and LCME (Dr. Pereira)

- Dr. Pereira explained that the administration are currently populating the Data Collection Instrument to gather information about all aspects of the medical school
 - This, along with the Independent Student Analysis goes to faculty to review and give recommendations about what we need to do before the visit
 - April 2020 LCME is coming here
 - Many have already been tagged from a curriculum perspective to fill in information for the DCI - coordinators and directors will continue to get requests
- Patient Encounter Tracking Process
 - Students have a number of diagnoses and procedures that they track through a module in E-Value
 - There is a need to update the diagnosis and procedure list
 - Dr. Pereira requested that directors encourage students to complete this requirement while they're on their clerkships
- Dr. Pereira explained that at a previous site visit, the school was notified that it needed to improve on mid-clerkship feedback
 - Now the school is above the national average
- Joe Oppedisano has been hired to work on the LCME site visit, but will then stay on to do continuous quality improvement after the visit
- Dr. Pereira reminded the group about the process that was completed over the past few years to create a strategic plan
 - Work groups have been formed to create 1 year goals and objectives to meet the 5 year goals - more communication will come

[12-month work plan](#) review (Dr. Murray)

- Next month CEC will discuss a curriculum at a national level that is happening to try to create the comprehensive curriculum of a medical school
 - List of common presentations concerns that are identified
 - Would like to incorporate this throughout all 4 years of medical school
 - Better integrate foundational and clinical sciences
 - Aquifer platform would house this national curriculum
- In October, will present a draft to the committee for the next 12 months
 - Please reach out to Dr. Murray if there are topics that you are interested in talking about or would like to help with the order of the topics

Report

Ed Council Report (Dr. Ercan-Fang) (see handout)

- Dr. Murray explained competency based admissions
 - Before this type of admissions student files were evaluated by the time and effort that students spent working in various domains and environments
 - In contrast competency based admissions allows students to demonstrate what they're capable of in these different domains

Policy Memorandum - Student Scribing (Dr. Murray) (see handout)

- Dr. Murray explained that this sheet is going to help to get out this information to all sites and preceptors
 - Please ensure that the language is widely disseminated with clerkship director names on it to all the clinical members at the sites
 - Ensure that students understand this information give them a pathway to advocate to the leadership at that site if this is not being met
- Dr. Reilkoff said that for time based care this doesn't apply so there is confusion on this in the ICU
 - Dr. Murray explained that for time based care, the billing provider has to be present for the time that is being claimed, but the content of the documentation beyond the claim that the billing provider was present does not have to be produced by the billing provider
 - Other material in the EMR can be documented by a trainee and is fully supportable, but the provider would need to be authentic about the times they spend in the presence of the patient and family
- Dr. Howell asked if they could get it as a pdf to be able to send it to his sites
 - Dr. Murray explained that they could download this as a pdf through the google drive
- Dr. Nixon said that many sites have not adopted these practices yet
 - Dr. Murray said that it is problematic that students are having their documentation entered as scribes
 - Dr. Nixon said it is a difficult balance because some sites don't allow students to document and the providers have no control over that. He is concerned that this could push sites to not take students instead
 - Dr. Murray added that if a site did not the CMS guidelines, it would just limit the students from putting documentation in, not participating in patient care
- Dr. Skarda added that HealthPartners does not agree with the guidelines as they are paid on productivity - she doesn't want to encourage an environment that doesn't want to train medical students
 - Dr. Murray said that those conversations need to happen at the level of HealthPartners and medical school leadership needs to sit down and have a discussion
 - Dr. Skarda said it was the coding department that was the barrier

- Dr. Hutto said that it wouldn't be that difficult to connect them with the UMMS coders
- Dr. Skarda stated that this had already been done
- Dr. Gleich asked what is different about this new documentation other than students no longer being called scribes
 - Dr. Murray explained that a role of a scribe does not participate in the care of the patient which is very different from the role of a student
- Dr. Kim explained that Student Affairs oversees the academic learning environment
 - Scribing means that they are only putting in what is said in the room instead of including their own thoughts and information
 - Dr. Kim explained that if they continue being seen as scribes, this could be seen as harassment
- Dr. Murray asked if the next steps would be to talk to leadership at some of the health systems to see what we can do to help
 - Dr. Pereira said she would work with Rachel Dahms, the newly appointed director of undergraduate medical education for HealthPartners/Park Nicollet to see how we can help
- Dr. Nixon clarified that students at Regions are writing notes, they are just not counted
- Kevin O'Donnell added that at places where student notes are either not allowed or not looked at is very frustrating - he would rather be added as a scribe and have his note included
 - Dr. Kim added that we are putting students in a legal situation because if they add anything in there that they didn't hear, they are technically liable
- Dr. Howell said that the biggest issue in this regard is at the VA where the student notes count for nothing
 - Dr. Ercan-Fang said that there is a policy draft that is completely in line with CMS requirements

Vote

[Recommendations](#) of Tuition Allocation Task Force (Dr. Murray) (see handout)

- Dr. Murray requested a motion to adopt the recommendations
- Dr. Murray will then work with Education Council to be adopted at that level and then negotiations will formally begin with the departments to adopt the recommendations
- Dr. Gleich moved, Dr. Ercan-Fang seconded the motion, the vote was unanimous

Discuss

[Annual Clerkship Review - IM](#) (see handout and [slides](#)) and [Sign-Up](#)

- Dr. Murray explained that Dr. Violato has been working to create an annual clerkship review document
 - Would like to review all required clerkships at least once per year
- Dr. Violato said that there is a working group that is bringing forward recommendations about assessment in the clinical environment to reduce the shelf exam percentage in the grade because it is more of a cognitive measure instead of a clinical measure

- Ideal would be that shelves are just pass/fail
- Dr. Violato explained that the red line in the CK diagram is the mean nationally, our students are right around the mean but they are coming in with MCAT scores that are above the mean
 - Dr. Nixon asked if the data was the medicine sub-set of questions
 - Dr. Violato confirmed that this was only looking at the sub-set of questions that are linked as internal medicine
- Dr. Kim said that this is a little misleading around learning environment - although there are students who find the learning environment acceptable, 75% is not enough
- Dr. Nikakhtar gave a presentation about the internal medicine clerkship so that everyone has background (see [slides](#))
 - Would like to continue to discuss more about how to have comparability across sites on evaluation and grading - will be discussing this in October
- Dr. Nixon hypothesized that grading across sites could be either that the sites are grading differently or that the students are truly different and performing at an honors level
 - Dr. Nikakhtar said he and Dr. Violato talked about that briefly, but it's hard to know exactly where it all stems from
 - Kevin O'Donnell asked whether or not the shelf scores vary from site to site
 - Dr. Nikakhtar said he has not looked at that specifically but he could
 - Dr. Violato hypothesized that it is the variability of assessment between sites
- Dr. Fallert asked if by making the exam pass/fail whether or not the value of the clinical evaluation increases and increasing the subjectivity and difference between sites
 - Dr. Nikakhtar said this is why they have kept the shelf worth 20%
 - Dr. Nixon said that one thing that other places have done is by having students do 4 weeks at one site and 4 weeks at another site
- Dr. Kim asked if there was variability in structure between the sites that could play a part
 - Dr. Nikakhtar said there weren't that big of differences in site structure
- Kevin O'Donnell asked whether or not paper evaluations had a difference because students were getting multiple and choosing the ones they turn in
 - Dr. Nikakhtar said they are removing that practice because of that feedback