

Clinical Education Committee
February 2, 2018
Minutes

Reports

REACH LIC - Dr. Paula Skarda

- See slides
- Dr. Pereira thanked Dr. Skarda and clarified that Ed Council will vote on this later this month
- Dr. Howell asked if this displaced clerkships that they will have to fill elsewhere
 - Dr. Skarda said that with the exception of internal medicine it will be student neutral
- Dr. Howell asked Dr. Pereira if that was the plan for all of the LICs where they take capacity from the block clerkships
 - Dr. Pereira replied that this is usually the initial ask.
- Dr. Murray asked how many students they are hoping to serve
 - Dr. Skarda replied that if this goes well, they would eventually like to have all of the students at their site on this program (generally 32 at any given time). Would like to iron out issues before expanding beyond the 4 they are taking this year
- Dr. Kim asked about other options for advocacy that the students would be able to connect with.
 - Dr. Skarda said that HealthPartners has a program that does go and advocate to the capital, which the students would be involved in. She is happy to connect them to ones that are available here
 - Dr. Kim explained that there are some student groups that he can connect her with here.
 - Dr. Skarda would like them to have a book club to read Evicted or Nickeled and Dimed and will have students experience some aspects of financial deprivation, such as a limited food allowance similar to that provided by Food Stamps

EC Report - Dr. Ercan-Fang

- See Handout
- Part of the discussion was around the [Education Committee Overview](#)
- Dr. Murray explained that there will be some key changes to this committee
 - Attendance requirement 75% or better for all committee members
 - Dr. Murray will be the last appointed chair, future chairs will be elected by the committee
 - Quorum of 51% will be required for any votes
 - Student terms can be renewed up to 4 years

Clerkship Director of the Month Dr. Archana Ramaswamy

- Surgery is seen as one of the most challenging for time commitment
- Tuesday education days where students come back to campus and maintain consistency for lectures and simulation

- Education days go through many core topics and then also have online modules for additional core topics
- Has a small portion of assessment being OSATs exam
- All sites provide a different experience, but the main issue is learning how to care for a surgical patient which doesn't change across sites
- Gaps
 - simulation and suturing - happy to learn more about why students feel that
 - Critical care trauma - very site specific
 - Shelf exam is very medicine heavy which is a challenge
- Suggestions
 - Extra simulation prior to the first day in the OR - they are trying to have suturing earlier
 - Student lectures need to be clinically oriented and relevant to the shelf - challenging because surgeons are very passionate about their section of surgery
 - Call schedule - experience is hit or miss depending on the site
- Professionalism is still a challenge and they do lose points for unprofessional behavior
- Dr. Ercan-Fang said that VALUE students have 15 minute discussions with physicians and they enjoy it because it helps with their clinical reasoning - she asked if this would be expanded to all students
 - Dr. Ramaswamy said that the manpower required is significant, but it is something she would like to do at sometime
- Dr. Ramaswamy said that they have had a site drop and are working to build capacity in other sites and within their current sites, but they are having issues finding additional capacity
 - Dr. Murray said that pediatrics has been thinking about longitudinal experiences and continuity clinics for internal medicine and pediatrics throughout the 3rd year - student time allocated to student "continuity clinics" would enhance inpatient capacity

Consent and Consideration

- Follow-up on Clinical Curriculum Review - Requests to Clerkship Directors (Dr. Murray, Nicole Cairns, Erin Mustonen, Ali McCarter, Kevin O'Donnell)
 - Would clerkship directors be willing to take information provided by the student team and commit to one element to modify based on feedback from students. Then bring that back to the students (respond to email sent by students and copy Dr. Murray as chair).
 - Dr. Howell asked how much specifics were needed
 - Dr. Murray responded that it needs to be the element and timeline for changing it
 - Dr. Kim added that in 2020 we will have a new simulation center and it would be nice to have developed simulation curriculum to be able to implement it quickly
 - Dr. Henry said they already do a lot of simulation in their clerkship
 - Dr. Murray was wondering if there would be a possibility for students to drop into the simulation center

- Dr. Ramaswamy replied that students want simulation that is not just self learning but simulation with supervision
 - Dr. Gleich said that simulation itself is oversold because simulation does not always mimic reality
 - Ali McCarter says that for certain skills and certain competency this might be the only way that students would be exposed to it
 - Dr. Murray would like to add simulation as a topic to the 12 month work plan
- [Strategic Plan](#) - Dr. Murray
 - See handout
 - Would like to make a request for this committee to better understand burnout on the part of students, GME and faculty
 - Dr. Nikakhtar is also working with a committee to better explore this topic
 - Dr. Kim added that resident and faculty burnout is a large factor of student burnout
 - Dr. Rothenberger is looking at burnout across the continuum
 - Kevin O'Donnell asked if there was any effort to reach out to schools who are in the lowest decile of burnout
 - Dr. Kim responded that most of the national meetings are presenting on this

Discussion

- [Assessment Committee Purpose, Composition, and Collaboration with CEC](#) - Dr. Murray and Dr. Violato
 - Dr. Murray explained that the committee was newly constituted with Dr. Violato and Dr. Jewison as chairs
 - Purpose is to oversee student assessment across foundational science and clinical and to gather program level evaluation
 - See slides
 - Dr. Murray explained that Dr. Violato has illuminated the challenges. This committee has been asked to collaborate with the assessment committee to:
 - Ensure that the assessment strategy be valid - what matters and what should we assess, what are we capable of assessing based on experiences with students
 - Consistency across clerkships and sites
 - Transparency
 - Dr. Murray asked that the committee think about what would we assess and would we be comfortable assessing that across every clinical specialty
 - Dr. Nixon said that faculty development and developing students as adult learners will be major challenges
 - Dr. Jewison sees that as an opportunity to do faculty development where students can help faculty learn from the forms that they bring with them
 - Dr. Murray asked what faculty are going to be capable of assessing
 - One might be assessing student performance within a specific framework (EPAs, etc.)

- Would like to make sure to minimize faculty variability or flood the system with data - those are the two ways to be representative of the students performance
- Dr. Hobday confirms that flooding with data has been helpful in EPAC, but the challenge for non-EPAC students is when grades are added in
 - There is a lot of faculty development goes on, but it is worth it
 - EPAC students have the EPAs to help guide them to value the curriculum they are learning in relation to how that will help them throughout their clinical practice
- Dr. Ercan-Fang explained that VALUE is doing 6 EPAs
 - Has been less successful for them and have been getting less data
- Dr. Kim added that we just have 8 Step 2 CS failures and when he goes back to look at their grades and evaluations, most of them are getting Excellent and Honors
 - Not giving them enough observed feedback to know what the academic clinical skills really are
- Dr. Lawson responded that students like to feel like they are doing a good job and so it makes feedback challenging
 - Need to ask ourselves if we are going to give them meaningful formative feedback or punish them when they are applying for residency with comments
 - Would like to coordinate with other schools in the midwest
- Dr. Murray closed and will bring this back to the committee again to discuss how we will create a standardized assessment along a framework that can be transparent to students
 - She is wondering if there was a high quality strategy for assessing clinical performance if the committee would be willing to either make the exam a threshold element or eliminate it from the final grade