

Education Council (EC) Meeting Minutes

January 19, 2016

EC members present:	M Kim	Guests:
R Acton	B Murray	H Peterson
M Aylward	D Nascene	
L Anderson	J Neglia	EC members not attending:
J Andrews	J Nixon	R Cormier
J Beattie	J Pacala	K Crossley
B Benson	D Patel	S Lava-Parmele
K Brooks	J Pearson	R Michaels
J Chipman	A Pereira (at Duluth campus)	J Miller
B Clarke	J Reid	D Power
K Deitz	M Rosenberg	H Thompson Buom
A Goyal	P Schommer	G Trachte
C Hedberg	A Severson	T Stillman
R Holton	S Slattery	
W Jenson	Y Shimizu	
A Johns	S van den Hoogenhof	
S Katz		

Minutes

Minutes for the December 15, 2015 EC meeting were approved with no corrections or additions.

Policy –Reporting Grades on Transcripts

After the December 15th discussion, Heather Peterson, Medical Education Registrar reported sending a request to EC members requesting feedback and input for changes to the “ Grades on Transcripts” policy in conjunction with those discussed at the December EC meeting. She did receive a several responses and the document sent to everyone for review does incorporate those changes. The most significant change is in regard to the year 3 and 4 “Honors” (H) grades, which will no longer be limited to 30% of the grades granted. Honors will be granted at the description of the clerkship directors and based upon each individual student’s performance. There are no additional changes to the policy. A motion was duly made and seconded to remove the 30% limitation for the granting of “H” grades and to allow clerkship directors to base grades on student performance, the motion passed unanimously.

Letter of support to CIA CLA Faculty – Accelerated MD Degree

Dimple Patel, Associate Dean for the Office of Admissions, provided a draft letter of support from the EC for implementation of a joint accelerated program. The letter details the level of support the medical school will provide to students admitted to the accelerated program. The letter was developed at the request of the CLA faculty, who have met with Dean Patel twice and who has responded to provide information the CLA faculty have requested. The letter of support from EC is the final piece of what they’ve requested. Their goal is to be sure we provide a level of support and guidance to students who participate in the program. As a part of this program the following points are very important to moving forward:

- **Develop an undergraduate medical education topics course** (seminar format) to be taken in the 1st and 2nd years of their undergraduate education. Authorization to hire a faculty member from the medical school to develop this course and funding for the FTE has been approved. The seminars are important they will provide an opportunity for medical school faculty to mentor, coach and support students planning to apply for the accelerated BA to MD.
- **Develop a mentoring program** it has been determined by EC members that the Office of Admissions to work collaboratively with the Office of Student Affairs to develop a structured mentoring program for all participants in the program. Scholars will be matched, based on a variety of criteria, with physician mentors who can commit to a long term mentoring relationship.

- **Collaborative partnership** to assist students in their successful transition into medical school through work with our staff in areas such as financial aid and the Medical School registrar. UME has in place other standing services which include faculty advisor program, career advisors, and assistance with the MS learning environment through our Learner Development program.
- **Faculty Advising Program** when the students matriculate in their fourth year of undergrad education they will participate in the faculty advising program.

EC members suggested some changes to the structure of the mentoring initiative, to allow for students' changing clinical interests as they progress through their clinical rotations. Dr. Alan Johns reported that their program on the Duluth has been in place for about 8 years and the students do as well as most medical students and develop interest in a variety of medical specialties and as primary care physicians. The suggested changes will be made and the letter will be signed by Dr. Benson on behalf of the Council.

Clerkship Redesign

Objectives:

1. Describe current challenges with year 3 and 4 clerkships
2. List guiding principles for clinical clerkship redesign
3. Provide overview of proposed changes for year 3 and 4 clerkship structure

Action Item:

Vote on proposed change in length of select required clinical clerkships; on plan to develop intersession curriculum and assessments; and on proposed modification to USMLE Step 1 timing.

Dr. Anne Pereira provided an overview of the ongoing planning process and efforts to understand the current clerkship structure. Discussions have included students and their input. Work has involved a great deal of effort by clerkship directors, both individually and within a number of CEC meetings. Also involved are faculty advisors, Med Ed leadership both in Duluth and on the TC campus, RPAP and MetroPAP, medical student financial aid and registrar (to determine a fit with the bigger U) and MSTP.

The following areas have been established through the process to move forward with full understanding of where problems appear in the current system, what goals will move the students' educational experience forward and

Guiding Principles

- Early exposure to foundational disciplines
- Space for common curriculum, logical sequencing & assessments
- Curricular space for advanced clerkships
- Sufficient USMLE Step 2CK/CS study time after foundational clerkships
- Flexibility during interview season
- Elective time in 3rd year to build portfolio

The problems that need to be solved include:

- Unable to build curriculum & assessment
- Inability to create advanced experiences
- Late decisions on specialty selection
- Inadequate 2 CK and CS preparation
- Conflicts during interviewing season

Existing and New Issues

- Capacity
- Decrease in flexibility
- USMLE timing and preparation
- Short blocks

- No students May, few in June
- Lack of student “mixing”

Dr. Pereira’s bookmark illustrated how difficult and cumbersome the scheduling system has become, especially because there are 2, 3, 4, 6, and 8-week rotations. The current scheduling process (lottery) creates a great deal of overlap. If a student took a required 4 week clerkship in S2 they could not take a 6 week required clerkship in either period 1 or period 2. The student would end up with a block of time they cannot fill with any required clerkship, causing them to have a delay in progressing through the required rotations. Capacity is a struggle and last year 50% of students in OB and 50% of students in Pediatrics were year-4 students. Because these circumstances have existed going back over a number of years, they prevent year-3 students from getting required clerkships completed. Scenarios where both year-3 and year-4 students are in a required clerkship at the same time, don’t allow clerkship directors to build advanced experiences. Also for year-4 students it skews how and when they can make decisions about which specialty they will train for during residency. Capacity continues to be a major consideration and has a huge effect on students; even at our teaching hospitals there are pressures creating barriers to placing students. Nationally 8% of programs struggle to place all year-3 medical students in the foundational clerkships as preparation for year-4 advanced clerkships. Our School falls into that small percentage and these changes are important to changing our students’ clinical education experiences.

Our students are also disadvantaged for Step 2 CK and CS exam preparation; they are trying to study for their Step 2 exams without having rotated on OB or Pediatrics. This means they are trying to learn these skills and knowledge from a book and online questions. Recently we have learned that the Step 2 scores (CK & CS)_have become important to the process residency program directors use to select for the MATCH. In addition when Year-4 students are traveling for residency interviews, if they are taking required clerkships; their absence adversely affects their performance in that rotation.

The average number of schedule changes year 3 and 4 medical students experience through the Lottery registration process is approximately 20,000. In the past, during March of their 2nd year, students were scheduling their clerkships for all of their year 3 and 4 clinical experiences. This resulted in each student making many changes as they progressed through their clinical education.

The proposed changes are a necessary first step in getting the clinical curriculum organized so new advanced clinical experiences can be developed, students can have common experiences so competency based assessments are accurate measurements and so clerkship directors are able to understand where students’ clinical skill development is as they move through their curriculum. This first step begins a process of changes that will develop and progress over the next 2 to 5 years.

- New model for clerkships All required foundational clerkships will be 4 or 8 weeks in length
- Complete all foundational clerkships in year-3

Propose adding 4 new credits of clerkship rotations

- (4 weeks of required intersession experience) ,
Scattered throughout years 3 and 4
- Elective clerkship will be 2 or 4 weeks

Foundational Clerkships

Family Medicine

Internal Medicine

Neurology

Psychiatry

Ob/GYN

Pediatrics

Surgery (including surgical subspecialties or anesthesiology)

The required number of credits (56) will remain the same, with 20 elective credits; the composition of the 56 required credits will change. Students who are interested in specialties not represented in foundational clerkships, i.e. dermatology, radiology, anesthesiology; will be advised by faculty advisors to use some of time in their 3rd year for exploration of these specialties as well as elective rotations that support their interests. For those interested in emergency medicine they will be advised to take both a 4-week required and a 4-week advanced clerkship and will be advised to take their emergency medicine required rotation earlier in year-3. For those students interested in the highly competitive specialties (surgical) will be advised to use their 3rd year unscheduled time optimally to get the experiences they need to be competitive in that specialty and to assure their portfolio will reflect their interviews and residency goals. They will be advised to complete these competitive clerkships by mid-August to September to be prepared for their MSPE with the best possible preparation for the interviews they want to complete to be ready for the MATCH.

Advanced Clerkships

Emergency Medicine

Sub-internship in Critical Care

Required advanced selectives

Primary Care

Pediatrics

Obstetrics/GYN

Psychiatry

Surgery

The proposed four weeks of intersession curriculum (2 weeks in year-3 & 2 week in yr-4) are meant to fill some of the identified gaps between student preparation and readiness for internship. For example the three work groups; Interprofessional Collaborative Practice, Quality Improvement & Patient Safety and Public Health and Health Policy have created a lot of new curriculum. Some of which will occur in clerkships, some of which will be addressed in a centralized institutional curriculum. On-going difficulty occurs in scheduling institutional assessments as well as faculty advisor sessions during year 3 and 4. The intersession weeks will be an opportunity to bring the students back to campus to accomplish these activities.

The following are required clerkships that will change in length of time:

Psych from 6 week to 4 week

OB/GYN from 6 week to 4 week

Pediatrics Foundation al clerkship from 6 week to 4 week

Surgery to an 8 week clerkship (include 2wks of surgical subspecialties or potentially for some students anesthesia)

In combination with the clerkship time changes and in the intersession weeks student will be expected to complete advanced clerkships in their fourth year, four week of emergency medicine and four weeks of sub-internship in critical care. Those are currently required clerkships but currently student can schedule them in either year-3 or year-4. In addition students will need to select two advanced selectives in their year-4 for 8 credits of in primary care, pediatrics, OB/GYN, psychiatry or surgery. They will work with their faculty advisor to determine which will fit with their individual interests and goals for residency.

The proposed changes have been vetted with clerkship directors for those rotations with changing lengths of time. In asking Council members to review the proposed calendar, Dr. Pereira noted the changes currently being proposed are:

- Change to length of five clerkships:

Pediatrics

OB/GYN

Psychiatry

Surgery

- Schedule options:

- For students as they go through the foundational clerkships would be scheduled into 1 of 10 lanes (students can rank order their choices for lanes).

- The begin date for the 3rd year rotations has been set as May 8th, 2017 to conform with financial aid requirements for registered credit deadlines.
- For approximately 70 to 75% of students will have between 6 and 10 weeks open prior to beginning their clerkship rotations. Students will be advised to use this flexible time to take some electives, study for Step 1 and also to take some vacation time.
- Some “scheduling lanes” will have students beginning with an 8-week foundational clerkship (surgery or internal medicine), prior to having flexible time. It may be that these students will sit for Step 1 before taking their time off. These students will have more flexibility in choosing electives, etc.
- It is thought the bulk of students will actually complete medicine or surgery and then sit for Step 1

Many schools have moved to having students sit for Step 1 after they’ve finished all of the foundational clerkships. Schools that have done this have stated anecdotally their students’ Step 1 scores have increased.

Other considerations:

- monitor capacity and how it will affect placing students in the foundational clerkships
- Currently students appreciate the flexibility of the lottery system. But due to the variability of what happens with the Lottery and how their desired schedules are affected, this will have greater flexibility.
- proposed schedule also offers the possibility of open times in year-4, when electives can be taken to enhance the competitiveness for desired residencies.
- students will need to be orientated quickly to systems where they have four-week rotations; there is the possibility 4-week rotations will be grouped to reduce on-boarding time.
- there may be a primary site assignment, which affiliate hospitals support
- how to accommodate students needing to drop a clerkship and retake it -- rotations will not fill to their absolute maximum number of slots

Students and Council members are very supportive of the thoroughness of the changes and the resulting balanced outcomes. Some questions were raised and suggestions and solutions were offered. Dr. Pereira noted that there will be tweaks and the suggestions will be improvements to the proposal. Transitioning to this model will also fit with changes being planned in Duluth. The concept of intersession is what the proposal will include in its current form.

Motion was made and duly seconded to change the length of select required clinical clerkships; to develop intersession curriculum and assessments; and modification of USMLE Step 1 timing; the motion passed unanimously.

**Next Meeting,
March 15, 2016
4-5:30, B646 Mayo Bldg**