

Clinical Education Committee
March 2, 2018
Minutes

Open

February Minutes - Approved in advance

[12 month work plan](#) sign-up

- See handout, if you are interested, please reach out to Betsy

Reports

Education Council Report

- See handout

Changes to CMS regarding student documentation [summary](#) - Dr. Murray

- CMS oversees the payment structure for Medicare and many other agencies tend to follow suit
 - The change is hopeful for undergraduate medical education
 - Documentation from medical students will be able to stand in the medical record in a way that it hasn't been able to be used before
 - As long as a clinical supervisor has observed students and confirmed by them, the notes will be able to be used
 - Every medical system will be vetting and interpreting CMS language
 - Will be looking to generate a working group to put out a best practices for education guidelines from the medical school - contact Dr. Murray if interested
- Dr. Gleich asked if they were allowed to use the EMR currently for Process of Care Clerkship
 - Dr. Nixon said that with POCC since students are only there for 8 half days with 70 students at 70 different sites it has been challenging to get it for these students
 - Dr. Ercan-Fang said that if they are getting onboarding in first and second year whether or not that would continue through their 3rd and 4th year
 - Brooke Nesbitt clarified that they only last 90 days
- Dr. Kim said there is a EMR user group that was started several years ago and had worked on standardizing training for EPIC. He is planning on seeing where this working group is now and if there would be some way to standardize student documentation
- Dr. Nixon said that if the documentation now counts, this would be another way to push for EMR access for first and second year medical students
- Erin Mustonen added that in Duluth during the first and second years they are granted EMR access and expected to use it during their rotations

Clerkship Director of the Month - Dr. Fallert

- [See slides](#)
- Dr. Jewison asked if the content for what they want the students to know if that only came from the family medicine board stuff or from USMLE and Step content
 - Dr. Fallert said the he is pulling primarily from STFM

- Dr. Nixon asked if Dr. Fallert was happy about the overall breakdown of the grading.
 - Dr. Fallert said he was happy
 - Dr. Nixon said that with the discussion around the exams going to pass/fail within the breakdown, if the evaluations were sufficient to differentiate students between H/E/S/N
 - Dr. Fallert explained that they have a wide array of preceptors and he said that when he is looking at the evaluations and it seems like they are doing it thoughtfully. When students challenge a grade and they discuss it with the preceptors it is rare for a grade to change
 - Dr. Nixon said that in PCS when he was director he went to pass/fail because it was challenging to differentiate based on preceptor feedback
 - Dr. Howell said that he has the same problem as Dr. Nixon where some preceptors always give students the same grades despite development around this
 - The neurology clerkship is weighting the exam higher because of that
 - Dr. Murray said that this is a common dilemma and the way that we have dealt with that is by weighting more towards the exam rather than the preceptor assessment which is challenging because the exams are not necessarily a demonstration of ability
 - Dr. Violato said that one of the most challenging aspects is to get valid assessments of learner performance in a clinical environment which is part of the assessment committee's goal
 - One of the proposals is to reduce the value of the exam vs. the rest of the graded components
 - Would like to have the assessment standardized across the clerkships so that students can understand what to expect - likely proposal to come in 6 to 8 months
 - Dr. Nixon explained that even when the shelf is a smaller percentage, if students did well in the shelf, they did well in the clerkship and vis versa
 - It is the most challenging when there is just one preceptor who gives the evaluation vs. clerkships where there are multiple evaluations from different evaluators
 - Dr. Fallert clarified that there was variety in their clerkship. Some of the residency sites have it where a preceptor fills out a half sheet each day for evaluation and then those are compiled for the final grade, but it is not run this way for the community sites
 - Dr. Murray said that there might be assessments that are focused on specific settings to ensure that it would work
 - Dr. Kim explained that there would be a good opportunity for simulation with the new health sciences center
 - Dr. Gleich asked how the evaluation process will ever be meaningful when it is currently a slave to the residency application process
 - Dr. Murray said that there is an element of being held to the match process - right now it is necessary to give grades to ensure that students

are not harmed. Hopefully the grades are attached to performance criteria that are clearly outlined that have to do with clinical performance and other components that are not as good at predicting outcomes become less important in their grades

- Dr. Hobday reflected that we are trying to set performance measures for students who are starting in May and in April of the following year which students cannot meet on their first clerkship
 - Dr. Ramaswamy stated that at least for surgery they don't really look at grades. They mostly just look at step scores and letters
 - Dr. Nikakhtar explained the faculty takes where students are in their training into their evaluations
 - Dr. Nixon said that most of the time the preceptors will ask where they are in their training and adjust their expectations
 - Dr. Fallert explained that he doesn't see a large change in distribution from the beginning to the end of the year
 - Dr. Nikakhtar added that the bonus for them is that they have students for a long time so they can see them develop
- Dr. Violato said that the assessment system is broken across the country
 - There are 2 ways to assess, norm referenced (compared to peers) or criterion referenced (based on specific criteria)
 - Right now the criteria keep changing and there isn't much training of the assessors
 - Need to create a new system
- Erin Mustonen circled back to the way that students are currently doing evaluations with their preceptors
 - Students would appreciate the way that EPAC students are doing evaluations where students are sitting down every day with preceptors to talk about performance
 - Mid-clerkship feedback is not enough currently to make changes in a 4 week rotation
 - Is there any correlation between Step 2 CS with low evaluation scores
 - Dr. Violato said that we don't get CS scores, just pass/fail, but we do see CK scores and there are correlations there

Membership and Governance - Dr. Murray

- See handout
- Education Council has let us follow these provisionally while they continue to look at them

Content

Clinical Curriculum Review - Dr. Murray, Erin Mustonen, Nicole Cairns, Kevin O'Donnell and Ali McCarter

- If you haven't already please respond to the students and cc Dr. Murray in terms of what change you will be making in your clerkships

[Follow-up on Student Assessment](#)

- See handout

Burnout/Empathy/Resilience/Learning Environment Proposal Follow-Up

- Would like to work with Dr. Andrews and Dr. Robin Burger to draft language around the kind of data we would like to have shared around resident and faculty wellbeing to help better understand student wellbeing

Discussion

[Program Evaluation-Clinical Education](#) - Dr. Murray, Dr. Jewison

- See handouts
- Dr. Violato explained that the attempt with this new ACR is to give a dashboard of information which gives instant feedback
- Dr. Hobday asked what the mean that the data is being referenced to
 - Dr. Violato explained that it is being referenced to the mean for all of the sites at all of the clerkships
- Dr. Jewison explained that they would like to come up with 3-4 standardized expectations for the clerkships so that all of the areas are understood and expected by students and assessors
 - Then need to find out how to give assessors information for them to make accurate assessments
 - Clerkships will implement these differently, but still need to have some regularity and understanding of how students are being measured
- Ali McCarter explained that this is a nice complement to the data that the students presented on site variability
- Dr. Murray highlighted that the second page will lay out narrative themes that would be potentially most helpful to clerkship directors to make positive changes
- Dr. Clark asked Dr. Violato to clarify that the Step 3 scores rebound from Step 2
 - Dr. Violato confirmed that was the case
 - Dr. Clark asked whether or not our clerkships are teaching to Step 3 instead of Step 2
 - Dr. Murray added that the challenge for this is that Step 2 is what has an effect on residency match process
- Dr. Murray would like to work with Dr. Jewison and Dr. Violato to create a procedure to present this information to all of the clerkship directors and eventually to the medical school at large with the directors receiving the data first
 - Would also like to establish pairings of clerkship directors who are having challenges and successes at the same sites to better the clerkships