

## Education Council (EC) Meeting Minutes

May 17, 2016

|                            |                                  |                             |
|----------------------------|----------------------------------|-----------------------------|
| <b>EC members present:</b> | D Patel                          | <b>Con't not attending:</b> |
| L Anderson                 | A Pereira                        | M Kim                       |
| J Andrews                  | D Power                          | S Lava-Parmele              |
| J Beattie                  | M Rosenberg                      | J Miller                    |
| B Benson                   | S Slattery                       | J Neglia                    |
| J Chipman                  | A Severson                       | N Nikakhtar                 |
| B Clarke                   | Y Shimizu                        | J Nixon                     |
| R Cormier                  | S Slattery                       | J Pacala                    |
| K Deitz                    | S van den Hoogenhof              | J Pearson                   |
| C Hedberg                  |                                  | J Reid                      |
| A Johns                    | <b>EC members not attending:</b> | T Stillman                  |
| S Katz                     | R Acton                          | H Thompson-Buum             |
| J Koffel                   | M Aylward                        | G Trachte                   |
| R Michaels                 | K Brooks                         | M Wagar                     |
| D Nascene                  | K Crossley                       | J Weil                      |
| R Michaels                 | A Goyal                          |                             |
| D Nascene                  | W Jenson                         |                             |

### Minutes

Minutes for the March 15, 2016 EC meeting were approved with no corrections or additions.

### **Match**

EC members discussed increasing pressures for students and residency programs in the processes and applications for the Match. Students will make application to family and primary medicine as backup to their real interest in another specialty. This approach makes it difficult to understand which students are truly interested in family medicine. In 2012 the average number of applications submitted by the typical medical student seeking a surgical residency was 29 and for 2016 it's 43. The Surgery Residency Program directors are aware of the number of applications individual students have submitted to the U of MN residency programs. This provides some insight into how students are prioritizing their Match goals. Discussion touched on a recent publication that challenges the negative information regarding physician workforce issues.

It was proposed that a small taskforce be formed to discuss the concerns being raised regarding the need for graduating 4<sup>th</sup> year student to make an enormous number of residency applications to insure they have a backup plan. Our graduates are hearing they may Match in residency program, not necessarily in their preferred, by applying to a large number of programs. The group will need to explore what students are experiencing while doing interviews, what is the actual number of applications they are completing and determine what our school can do to help with their process and provide as many factors to help guide them. Staff will explore gathering important stats from ERAS and other sources to get at accurate information. Data should help to clarify the expense students are experiencing, the number of applications and interviews. It will be important to making progress toward advising them based upon those facts.

US medical school seniors are being selected for their first choice in residency at about 50% accepted for their 1<sup>st</sup> choice in the Match; historically the info gathered from our students indicates that we are slightly above that average.

- 234 Total Match group
- 216 who matched completely in the first round
- 223 after SOAP matched,
- 228 final number Match at the PGY-1 level

Of the students that didn't match they applied as follows:

- 1 psychiatry, 1 orthopedic surgery, 2 general surgery, 1 emergency medicine and 1 family medicine

Questions from Council members followed:

- How many of the students who didn't match elected to not participate in SOAP? 4 students
- For what reasons do they not apply? Personal issues determined they were not ready.
- What is the follow-up if they don't achieve a Match? If they go through the SOAP, students are offered the opportunity to participate in Flex-5; which then places them in student status until graduation in December. This allows them to participate in the Match during the following Spring as seniors.
- Reasons for declining SOAP; changes in geographical location unwanted, their specialty preference doesn't fit their performance, red flags (psycho-social issues) that are barriers
- Academic surprises - approximately
- Poor academic performances
- Mismatch in geographical locations
- Students who do a large number of applications and only get 2 to 3 interviews definitely need to have a plan "B" that can be adapted as they move toward the actual Match.

Originally there were 40 students who were considered as possible risks to not Match. The results this year were much better than anticipated and early identification of their at risk status has been important. There have been a total of 8 Flex-5 students since the program was developed and 7 of them have matched.

Duluth had 4 students who struggled this year. There was one who applied to orthopedic surgery late in the game and hadn't had any research, but had a high Step score of 253 and did not match. He is currently doing research, on hold until the 2017 Match. The other 3 could have matched, but applied to very competitive residencies and didn't match. For two of the students who sought residency placement in competitive specialties and successfully participated in SOAP, they plan to practice their specialties in their rural communities. The third individual applied for many general surgery programs but didn't get very many interviews. She did end up through the SOAP matching in anesthesiology. When looking at these experiences, Dr. Robin Michaels feels it's very important to explore the quantity of applications and types of residencies students are applying to. For CS and CK, the national trend is to have these exams done by early December. Duluth will to advise their students to complete the exams earlier rather than later. Otherwise if remediation is needed, it often falls just before or during the Match timeframe.

All of our University resident programs filled their positions. One reason our programs may not fill in a given year is because the program doesn't have an adequate pool of qualified applicants from within our graduates and the department feels there is a high probability they will have a qualified applicant from another program. The post-Match survey to our students goes out shortly and will provide data in the future to better understand Match results. Follow-up actions will include:

- collecting more data from our graduating students
- ask how many residency applications do students generally submit
- how many applications do students complete who are seeking highly competitive residencies
- Explore whether LIC experiences preclude students from Matching in highly competitive residencies.
- Standardize how and what advisement students are experiencing in the process of deciding on what discipline they determine for residency and practice.
- Insure the advising students experience does cover issues such as academic performance and possible mismatch with highly competitive residency goals and applications.

For more information and detail for this year's Match please go to [www.meded.umn.edu](http://www.meded.umn.edu) in the upper right hand corner click on "2016 Residency Match Results".

### **Data Integration/Outcomes Center Project**

Dr. Benson reminded Council members that the purpose of the survey was to determine what some of the big questions are that require data to be able to answer them effectively. Dr. Bob Englander noted that the number of pathways students can select to complete their M.D. degree. Begin to look at how different pathways affect outcomes, i.e. do LIC formats affect matching by specialty: Use this opportunity to determine

- are any of our pathways inherently helpful or hurtful to USMLE assessments/exam

- what are the things that correlate with optimal performance as a clinician
- what things are predictive on admission for the first 2 years
- what is our best predictor of performance in the year-3 and year-4
- what does it mean for residencies
- areas of medical education that are known to be systematically harmful

With the percentage of graduates who remain in practice in Minnesota; the size is equal to the average medical school class size. The opportunity to follow the practices and careers using their experiences and performance to begin to measure outcomes will be valuable. The larger categories include:

- how to optimize what we do well
- how different pathways effect outcomes
- how to maximize the students we admit to get the best doctors
- how to add some flexibility to the curriculum to make a better fit for the broad range of individuals admitted
- it's important to definitively answer whether students without biochemistry are at a greater disadvantage, but as important to then know what will be the next step once you have the answer.
- valuable to focus on "creating the best doctors"

Dr. Benson emphasized the importance of determining questions that will establish the data needed at a future point to answer questions being raised. Tracking what level of quality of care and where former students are providing healthcare can lead to understanding where the strengths exist now in our graduates. To determine what is the gold standard of success. What is the level of quality patient care based upon knowing their level of competence when they move on to residency and tracking how they apply it? GME is developing the competency measures and moving them into place. It will be important to establish agreement on what are the outcomes wanted and once that is done it will move us forward to look at the right questions to achieve that. It's important to standardize outcomes and individualize the learning pathway. This will be a factor to the future of diversity in graduating good doctors. Dr. Benson will work on identifying larger themes from the input received from Council members.