

Education Council (EC) Meeting Minutes

October 18, 2016

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

Minutes

Minutes for the September 20, 2016 EC meeting were reviewed and approved.

Presentations

Graduation Questionnaire – Drs. Michael Kim & Suzanne van den Hoogenhof presented the results of the 2016 Graduation Questionnaire. This questionnaire is administered by the AAMC yearly to all graduating medical students from their member institutions. The response rate varies across schools from about 70-85% resulting in a rich source of data on our students with excellent benchmarking capability.

An Executive summary was provided to all members of the Education Council. (appended)

Background on the Questionnaire:

- Our goal is to get as high a response rate as possible. TC has rate of ~84%, Duluth is at 56%. Duluth is working on understanding the root cause(s) of the lower response rate and will work to improve.
- AAMC prohibits requiring graduates to complete the questionnaire, but we are encouraged to incentivize participation however possible.
- GQ's are a rich data source, but a lagging indicator. Must exercise caution when inferring causality. Additionally, there's a good chance problems may have been addressed in the time between a student starting and graduating.

Bottom line findings:

- Graduates feel reasonably prepared for residency, but at a cost: slightly lower satisfaction than the national average, higher burnout, and empathy just above the mean. In terms of satisfaction, we have a larger number of 'agree' responses on the Likert scale, and a lower amount of 'Strongly

agree' relative to the national average. Two sub-scores on Burnout: Disengagement (10.4 for us, 9.8 for national mean), and Exhaustion (11.5 for us, 11.1 nationally). Burnout is a problem for all medical schools: so being a little worse means we are doing worse than the problem across the nation. Empathy scores go down considerably from when students enter school, generally never achieving the high levels they display when they first arrive.

- We are not provided enough data by the AAMC to determine percentile or ranking.
- **Areas of excellence:**
 - Courses, Gross Anatomy and Physiology.
 - Clerkships: Pediatrics and Family Medicine.
 - Sites: VA.
 - Diversity of educational opportunities
 - Faculty professional behaviors/attitudes.
 - Meeting Minnesota's workforce needs: 55% stayed for residency, around 70% hopes to eventually practice in Minnesota.
 - Desire to practice rural medicine or work in underserved areas: Above national average.
- **Opportunities for Improvement:**
 - Student Affairs. Accessibility, awareness of student concerns, and responsiveness to problems.
 - Student support: counseling and tutoring. Attempting to determine balance of problems between campuses. Internal surveys help pinpoint areas of dissatisfaction.
 - Curriculum Office – rates below average on accessibility, awareness of student concerns, and responsiveness to student concerns.
 - Facilities (we've been cited by LCME for this, which could be considerably improved by progress on new building)
 - Student debt. Our average debt is below the national average, but large percent of our indebted students are carrying debts over \$250,000.
 - Direct Observation: Students say they are not being directly observed taking history or doing physical exam.
 - Feedback: Faculty providing direction and constructive feedback is an area for growth. However, our mid-rotation feedback rates are an area of excellence. Internal surveys show that the TC campus does worse than Duluth campus.
- **Question for Consideration:** Does the Ed Council choose to prioritize 1) student satisfaction, 2) empathy, 3) burnout? Is average good enough?
A rich discussion ensued highlighted by the following:
 - 1) A critical review of the data-in all three measures (satisfaction, burnout, and empathy): The large number of responses make the data highly valid and reliable. The real question is: what does it mean to be near the mean? Through the discussion there was a developing consensus was that we should strive to improve significantly beyond the mean.
 - 2) On Satisfaction, we are much lower in the 'strongly agree' category of the scale than the national average. Combined 'agree' and 'strongly agree' isn't so discrepant, but we are around 10% below 'strongly agree' averages. What would it take to move students from "agree to strongly agree"?
 - 3) While the EC is not charged with determining solutions, it was noted that in other institutions, these steps decreased burnout and anxiety and increased Step One performance: decreased

number of lectures by 10%, mandatory wellness program, identified ‘toxic courses’—good-intentioned but unduly dense and stressful classes. Published data showed students did better emotionally with increase in academic performance after these changes.

- 4) Burnout happens very quickly, shortly after students begin. Need to pinpoint causes. Burnout is associated with worse patient care. When prioritizing these issues, burnout and empathy are directly associated with patient outcomes and thus should be prioritized. Satisfaction is more subjective, and more dependent on temperament of student. One would assume that increasing empathy and reducing burnout would increase satisfaction. If it doesn't, there's still only so much one can do if a person is highly empathetic and has low burnout, but still reports dissatisfaction.
- 5) Need to get at experience of our students. Do focus groups, to get root causes analysis
- 6) We should remember that these data are dynamic. If we do not decide to address them, we might find ourselves falling further as other schools address burnout, empathy and satisfaction in the future.
- 7) GQ report data for U of MN doesn't go back past 2008. Graduate satisfaction correlates with recruiting and future donors, volunteering, teaching, and other ways of ‘paying-it-forward.’ LIC students have much higher ratings on these dimensions. We don't have an alumni base at this institution that supports us the way that we would like right now. Making positive changes now could impact that in the future.
- 8) Previous observation leads to this one: We must apply our energy to exploring root causes before exploring solutions. We could make the exploration of root causes a standing agenda item, and have a quarterly update on these issues. *We don't know what we don't know*, and we should dig into this, talk to the students, and sort out exactly what is going on.
- 9) If you look at business schools, they're being disrupted by companies that start their own schools. Kaiser is starting their own medical school, using the dissatisfaction to their advantage. In Minnesota, there's the Minnesota College of Osteopathic Medicine. If we don't stay on top of this, there's a danger *we* can be disrupted.
- 10) Starting internal surveys to collected data longitudinally between years. It would be a good goal for us to contribute in a meaningful way to a problem faced nationally. We should also look at schools that are significantly outperforming us: what are they doing differently? AAMC might not give us that data, but it might be very valuable information. Anecdotally, these institutions are often invited to talk at national conferences on this topic, and could be identified that way.
- 11) If we commit to being in the top decile, then we will look at whatever the root cause analysis reveals and do whatever it takes to improve.
- 12) Have produced a draft aim statement: *By 2021, our graduates will be a least two standard deviations above the mean for overall satisfaction and empathy, and at least two standard deviations below the mean for burnout on the AAMC's Graduation Questionnaire.*
- 13) This statement doesn't account for the fact that other schools might be improving as well. Perhaps we should focus on improving relative to our own scores. Concerns that ‘two standard deviations above the mean’ is too unrealistic of a goal.
- 14) If we recognize and take seriously that this is a problem, and take annual metrics measuring burnout, and make a good faith effort to improve, and show improvement, that's important. If we show students and ourselves that we are taking this seriously, that will help.
- 15) Piloting a weekly reflective survey. At least making a start in measurement side on burnout. Important to track this separately across campuses.

Action Plan:

Motion to raise priority of these aspects of GQ, and focus on root causes and metrics with regular updates: passed.