

Education Council (EC) Meeting Minutes

September 20, 2016

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

Minutes

Minutes for the August 16, 2016 EC meeting were reviewed and approved.

Presentations

RPAP/MetroPAP – Dr. Kathy Brooks

- Seeking approval of skeleton curriculum under design for a number of months.
- “Students in parallel curricula must be taught and assessed on additional competencies and program objectives. Process for assignments of students and their transferring from parallel curricula must be fair and reasonable.”
- Revision of year 3/4 clinical clerkship curriculum impacts RPAP/MetroPAP, limiting number of core credits attainable at a number (at least 6) of RPAP/MetroPAP sites.
- Another key reason to look at a change is to move from an accomodationist model (trying to map to the standard curriculum). The preceptor in rural community has to fill out evaluations as though each of the dimensions was a class in itself. These LICs are community-based primary care education: need better way to create courses within them that fit the actual experience.
- ‘Skeleton Proposal’ – Three RPAP/MetroPAP clerkships: two 5 credit P/N clerkships, and an advanced 8 credit H/E/S/N clerkship. Not a lot of change from what students are already doing, only in the way it is measured. Emphasizes our goals for students and hopes to correct for the ‘retrofitted’ nature of current clerkship system.
- Previously, when students aren’t progressing, rarely brought back to campus. Instead, either removed some elective credits and allowed them to spend more time in community focusing on core. Occasionally, need to get community agreement to keep extended time in community. If we go with this system, we won’t have the opportunity to remove elective credits anymore.
- Very strong historical evidence that LICs mitigate the decline in empathy and the increase in burnout. A last minute focus group with departing 4th years last academic year showed that, when asked to rank six sites for

practice, surgery, family practice, and ob/gyn, all rated RPAP number one.

- New system uses combination of immersion in Twin Cities or Duluth and a broadening of the focus from, say, OB/Gyn in particular, to Well-Woman Care at minimum. A stringent set of pre-RPAP locating requirements have been drafted in the new system to fill any gaps that certain sites' lack of options present.

Motion to Accept: Accepted

VALUE – Dr. Amy Candy Heinlein

- **Program updates:** Second year of students are acclimating better, so far, than the first year. Very clear gender disparity, which they are working to remedy. Last year, they surveyed first cohort of students extensively. The survey results show that, at worst, students felt it was no worse than a block clerkship, but some areas of extra positivity were about length of involvement with specific patients. Some caveats involved concerns they were missing out on immersion in neurology and other specifics. Worked hard to ensure students in VALUE were doing just as well as students in traditional clerkships. Shelf exam scores are very close to non-VALUE students. All 10 students who have completed are Sub-I now and all report feeling very well-prepared. Report 'no harm done.' Half of students took Step 2 immediately after clerkship.
- Over the summer, every single panel patient was called and surveyed. General themes included students seeming knowledgeable and invested. One patient specifically stated 'He actually called me to make sure my medicine was working.' A few students were fired by patients in middle of clerkship, but that is par for the course with clerkships.
- Struggling with how best to assess VALUE students. Changed current student assessment forms, mapped to E-Value. Moving to EPAs. Ideally moving completely to EPAs from grades over next year or two. Looking for feedback on how to navigate this transition, opening floor to feedback.
- How can we avoid dilemma of converting EPAs to a grade? Right now, so many students get such high scores on clinicals because we don't have common set of ways of evaluating. The idea of 'not doing harm by eliminating grades' masks the problem that right now, our unclear and non-uniform way of giving grades is causing problems already.
- A comprehensive, meaningful profile of incoming students, depicting their learning slopes across various dimensions would constitute the 'holy grail,' but communicating this to program directors will be a challenge. We need to find a way to definitively say 'You *will not* be able to graduate this program if you do not meet a minimum level of entrustability.' One clear way to demonstrate this to program directors is to have a clear, demonstrable dismissal rate. Is Pace of Development a surrogate for that guarantee? You're going to have a few students developing at a rapid pace, a majority of students that make accumulative progress, and a number that plateau. The students who interminably plateau are going to be the students you have to dismiss. Nobody is going to believe you if you say that everybody progresses, that you have an infallible admission process. We don't have hard numbers on what that timeline would be, but perhaps six months. Next year something between 20%-30% of schools will use this EPA model. The fear of 'how are we going to rank' will eventually go to go away.

HeLIX – Dr. Matt Young, Dr. Michael Lawson

- **Potential LIC presentation:** Integrating internal medicine in weeklong bursts, with the idea that one best learns internal medicine in this intensive manner. Credit amount will be around 40, closely adhering to the 36 credits of the core curriculum. Family Medicine and Neurology are not included, as Hennepin does not have capacity to take additional students. By having students do primary care selective within medicine clinic, where there is capacity, they would also have continuity with patient panel.
- The LIC is dedicated half-day of didactics, feedback, evaluations. To get creative with pediatrics and surgery, will get creative with evening calls. Pediatric services at Hennepin are lower volume than other hospitals, as you might expect.

- Theme is health disparities and public policy. UPS/Dream Health Innovations committee, looking at how to better deliver healthcare systems to vulnerable patient populations. Students work on a product and then publish something at the end of the year. Lots of opportunities to get involved with underserved patients at HCMC, in many different modalities. Understand systems of care, interprofessional and multidisciplinary communication. HCMC offers extremely complex patients with psychosocial challenges and presents students with a chance to work with social workers right out of the gate, understand how much homelessness and nutrition issues are affecting the community. HCMC has so many trainees in multiple specialties, so almost all preceptors working with U of MN students have experience.
- Working to understand difference between formative and summative evaluations: seeking to find optimal balance. HeLIX is not a primarily in-patient care focused LIC. As far as their elective focus, it's 'approaching healthcare disparities within population.'
- One main objective is to standardized outcomes and expand number of paths for arriving there, and HeLIX sounds like a great tool for that.
- Grade discussion needs to be taken further in the future. If we move too much to pass/fail, it puts more weight on the Step scores. We need to focus on something more ambitious: a meaningful, comprehensive evaluation on a student's skills and developmental progression that would of genuine utility to a program director. Very excited about expansions of LIC, as that structure is very well-suited to this effort. The lack of grades is going to seem like a positive rather than a drawback in the future.

Motion to Approve: All voting members in favor.