Education Council (EC) Meeting Minutes
November 20, 2021

EC members present:		**EC members not attending:**
J Andrews	D Power	S Allen
J Beattie	Mark Rosenberg	T Baultrippe
Z Beatty	L Schimmenti	L Carson
K Brooks	D Thompson	J Chipman
J Clinton	T Thompson	R Cormier
J Eck	G Vercellotti	K Crossley
C Hegarty	K Watson	A Duran-Nelson
G Jacobs	M Woods	T Ebner
S Katz		A Johns
B Marsh	**Guests:**	K Johnson
W Miller	R Kempainen	J Metzger
J Miller	B Brandt	J Pacala
C Niewoehner	A Friedman	C Patow
J Nixon	M Kim	J Peterson
	J Valesano	C Sautter
		A Severson
		T Stillman
		G Trachte

Education Council Minutes, October 16, 2012
Minutes were not reviewed

Discussion /Forum
Vision for medical education
Overview of Healthcare Summit
Healthcare Summit outcomes and follow-up
Inter Professional Education at the U of MN, AHC

Vision for medical education
Dean Friedman, Dr. Barbara Brandt – AHC Assoc. Vice President and Dr. Mark Rosenberg – --Vice Dean for Medical Education spoke as panel members to communicate results of the Healthcare Summit which included a broad set of participants including heads of healthcare systems, all levels of healthcare providers, payers and community groups.

Dr. Rosenberg spoke about the continuum of UME, GME and CME and how these 3 areas of medical education are linked together and how they must move forward. With the current structure of the Office of the Vice Dean of Medical Education all three areas function as the continuum of medical education. For each area there will be consideration for what can be done in one area, such as CME, that can have a positive impact on what takes place in UME and/or GME and the reverse. i.e., simulation is used to educate across all three; faculty development impacts the entire spectrum and competency based education has been implemented across the continuum.

Integration of the curriculum has many facets such as horizontal and vertical application. An example is "diabetes" ; where it is taught; is it taught consistently throughout? and where is integration of clinical science and basic science in clinical practice to diabetes? Integration provides a foundation for clinical practice and to teach practitioners how to handle variable and often unexpected situations. It's especially important for basic science to be included and reiterated throughout the continuum.

Overview of the Healthcare Summit

Dean Friedman spoke about the AHC's responsibility to meet the criteria of an "Infrastructural Grant", which includes an education component along with a component for community engagement. While in the process of meeting with community healthcare systems it was discovered that added "educational" steps were needed to prepare graduating medical students before they could begin clinical work in community healthcare systems Areas of concern include team work, critical decision making, understanding the American healthcare system in a macro level and knowing how to work intra-professionally or inter-professionally. It is agreed that UMMS and healthcare systems must work together to change that level of preparedness. Thus there is a need to get policy makers, healthcare practice systems and the educators together to understand what and how changes need to take place. The Healthcare Summit was designed to bring together teachers in UMMS, Nursing and other Schools along with the healthcare systems leaders to discuss changes.

Healthcare Summit outcomes and follow-up

Inter Professional Education at the U of MN, AHC

Dr. Brandt spoke about the need to determine how to make the changes for medical students and clinical practices; adding that the issues are being identified and discussed nationally. Healthcare systems CEO's and the University leadership began to work together to design the process. During preparation for the Summit it appeared the U of MN and Healthcare system participants were focused on different goals. She reported that Minnesota has been implementing healthcare reform since 2008 and she provided examples of variable systems and means available for delivering healthcare in the State, as examples for how MN is very aggressively transforming healthcare in new ways.

Dr. George Thibault (President of the Josiah Macy Found) spoke about what is happening nationally with inter-professional education connected to collaborative practice. He participated fully in the Summit and in a very short amount of time they realized that both the healthcare systems and UMMS leadership are on the same page in terms of their goals. The outgrowth of this work is a steering committee that comes together and will be creating a vision for UMMS & clinical practitioners, who will work together to decide what should be happening and to reset a working relationship.

Some areas of focus that will be discussed will include the following:

- to establish a different organizational structure for this interface
- use a single point of contact for such things as clinical rotations
- typical rotations in general are becoming more difficult to find
- as the health systems are transform they are focused on the total cost of care
- teaching has always been an add on, but now it is becoming unwieldy -many health systems programs have increased their class sizes
- healthcare systems want to take students for a longer period of time in the rotations
- can better teach teamwork if people aren't coming and going as often, will help with constantly training on different systems
- work with UMMS in looking at the educational training gaps, what isn't in the curriculum that needs to be there
- focus on policy and advocacy for "scope of practice" in terms of what is allowable
- UMMS will take responsibility for faculty improvement and development

Dr. Brandt has assigned a work group and they are working on a process for next steps. Dean Friedman will be charging the steering committee to begin talk about visioning. Next week they will meet with the Community University Board as well as the Associate Deans. Dr. Brandt and the Dean are also working with other Schools in presenting the Summit model to talk about the changes taking place in those areas.

Discussion:

Dr. Wes Miller noted that it seems that medical students graduate and begin their residency with the need to learn the system at that healthcare location and asked why it isn't possible to develop an agreement that allows for the same processes to be in place here while they are medical students making it unnecessary to relearn when they begin residency. He added that most often those healthcare systems are not aware of the teamwork

curriculum that is in place at UMMS.

- All students do experience team work in a team setting, but can't define one, are not aware of what t important elements of a team are, and would not know how to develop one.
- In other professional schools is the team concepts exist and can translate to being taught as they relate to medical practice; learning what the essential components are.
- For the teaching of clinical decision making and critical decision making it's a curriculum that is very hit or miss
- UMMS students start from a very different positions with respect to healthcare systems and healthcare finance

UMMS will need to move toward teaching in these three areas; understanding we cannot complete the process on our own, participation from healthcare systems with integrated team based practices will be needed. It's felt that the deficiencies at UMMS are issues at the national level. Important areas to further develop are continuity c care, care coordination, systems thinking, and leadership skills in a practice environment. The learning environment to develop these skills in medical students and residents will require changes to the curriculum and to the clinical environment.

Dr. Friedman established a set of challenges:

- Use the opportunity to take the questions from clinical systems about what curricular changes are needed.
- Partner with institutions/systems that agree to have collaborative practices in place. This model establishes a longer time period to accomplish a complete learning process and better physicians. He noted having medical students in our School improve their performance by the end of 4 years and then continue improvement in residency is a very good result.
- Make decisions to address areas in our curriculum so MS graduates do a better job when reaching residency. This approach will allow for more appropriate faculty development and will mean we have a very directive approach to what we expect individuals to able to accomplish while in medical school.

These serve as stepping stones for medical students to have broader understanding at a later time. The more this is done the better off Minnesota healthcare will be and most of our students will be in practices as doctors in our State. It was noted that one of the biggest challenges for the School is to have the practice environments in which to do these things. A thorough conversation is needed to determine what the systems' are responsible for in orienting our students to their specific system. As an example the Phillips Neighborhood Clinic is an excellent place for learning and faculty members are teaming up and testing criteria for inter-professional work. The result demonstrates that functioning clinical practice doesn't have to be reduced to be able to teach these methods. There are 11 different professionals that practice at Phillips, but we still send students there to practice independently of each other and of other healthcare specialists.

Discussion continued regarding tangibles for inter-professional practices as compared with cultural practices and how changes might be measured once the changes are in place. Dr. Friedman noted that clinical decision making is not a culture, teamwork can be done differently but an understanding for how teams are developed and fully functional are not just culture. There is an education component and a modeling component to the teaching and learning process for team based practice. The fundamental issue for medical schools to understand is the following:

- It is the responsibility of a professional school to teach these components
- The components are built into the profession (as was the 100 year old decision to make science a foundation of medicine).
- UMMS needs to examine the issue for what level of professionalism we are responsible to teach and how much of is foundational. It's a responsibility to provide and to prepare people to be excellent professionals not just excellent in the sciences. That is the challenge of the Education Council and leadership of the School.

With regard to the cultural aspect Dr. Brandt attended a HealthPartners program called Connecting the Dots, which was an extraordinary experience. At the site 13,000 employees were run through 21 training programs and each program represented a patient with a specific health need. For each representation of a patient a list was included of each HealthPartners's employee who had touched their care process. The final point for each patient was their feedback for who was the most important person for their recovery. The patient responses varied from the pharmacist guiding a diabetic's medications to that of a massage therapist who helped a patient avoid back surgery. She reported that culture is evolving and is being discussed nationally across all fields.

Other feedback and responses for Forum attendees included the following:

- Important to recognize there are departments here and at other institutions where a strong team concept exists and where culture is directly related to their team's excellence of care.
- a major issue is not highlighting areas of excellence and team practices
- "comparative effectiveness" is an aspect of healthcare that needs focus
- the science needs to include review of best therapies and applying the knowledge
- physicians role is to be aware of the constant inspection of data
- learners do not have the background to understand why some groups are cohesive
- what baseline set of skills do students need to have to be able to function in varied settings
- informatics systems within the treatment process are not being fully understood

The Dean spoke about challenges going forward, which will focus on is determining what is essential. This will address what is essential for basic science, for clinical medicine, what will be essential on professionalism. As an LCME possible addition requirement for inter-professional components. UMMS is uniquely situated to address this topic. Is it possible to make our education clinical arena a workshop where we try to improve how we do healthcare. We should also be partnering with all systems to accomplish this goal. Possibly the practice plan is so separate from our education plan, that it isn't considered in a strategic way how it's integrated. When designing the ambulatory care center consideration has to be given to the setup of the area in terms of educating in that setting.

Dr. Friedman noted there are several areas and opportunities for input and feedback but we do not spend time asking those who select our Medical School's graduates, what is needed to get our product to work:

-What is it that our students can and cannot do
-How would we do a better job
-Then develop a response to that feedback

Next steps are being discussed by Deans and there is work being done to move forward. Where departments are doing things well, decisions need to be made for how to utilize the best examples in teaching. The Dean strongly supports making changes, trying out processes when ideas are developed and not waiting until students are residents and fellows. Dr. Friedman told Education Council members they will be hearing curricular recommendations, programmatic recommendations and other areas for both inter-professional education and professional education. The Medical School has to build in these pieces now. The innovations should not be dependent upon another system having established the follow-up mechanisms. There are areas that need development and to be added to our process of teaching even if the follow-up at a large scale hasn't been developed when an initiative is ready to begin.

Next EC meeting

January 15, 2013