Education Council (EC) Meeting Minutes
August 20, 2013

EC members present:	S Morean	M Becker
L Anderson	J Pacala	B Brandt
J Andrews	D Patel	L Carson
J Beattie	D Power	K Crossley
K Brooks	L Schimmenti	A Duran-Nelson
J Chipman	A Severson	K Johnson
J Clinton	T Thompson	B Marsh
R Cormier	K Watson	J Miller
J Eck	R Westra	M Nelson
C Hegarty	A Wojciechowski	J Nixon
G Jacobs	M Woods	M Rosenberg
A Johns	B Yueh	C Sauter
S Katz	**Guests:** Dr. Yoji Shimizu	T Stillman
W Miller	Dr. Collin Campbell	G Trachte
J Metzger	**EC members not attending:**	G Vercellotti
	S Allen	

Education Council Minutes, August 20, 2013	**Action Date**	**Action**
Minutes June 18, 2013 Minutes were approved with no changes or additions Dr. Wes Miller asked Council members to take a moment to remember Dr. Ted Thompson and his many contributions to the UMMS medical education program. He will be greatly missed. It was noted Dr. Rich Kaplan (Pediatrices), died unexpectly yesterday after some health complications. Dr. James Pacala reported he will be taking a 4month sabbatical as preparation for a Fellowship in thr Atlantic Philanthropies Health and Aging Policy Fellowship, he will spend the first several months with the Congressional Fellows Program learning in Washington, D.C. The remaining 12 months of the Fellowship he will work on a project related to national health policy as related to aging. He reported that on his application he chose as a theme the topic "Reform of GME Funding by Medicare" and his goal is to focus on this topic. He asked Council members who have insights, issues and/or any connection with this area to please let him know. **Information** <u>Innovtions Contest</u> There were numerous great ideas and the participathion was at a high level. The interest level and the numer of proposals is exciting. There will be added efforts to weed out many of the other great ideas that can be implemented with very little financial commitment. There was participation from individuals affiliated with UME and GME and from all sites. Public Health and Medical Studnets were involved in submitting a proposal. The Innovations Callenge will now enter the implementation phase.		

Faculty Development Dr. Kat hleen Brooks reported there are several faculty guests who will visit campus. Dr. David Hersh from Harvard who implemented the Harvard-Cambridge Longitudinal Integrated Clerkship Program will work with Medical School faculty on Thursday, October 17th and at the VA on Friday, October 18th. He will work with the group who are implementing EPAC and at the VA with the group who are exploring developing an LIC and then the broader clinical faculty because each of these programs will impact a number of different clerkship elements. On Friday, September 6th, Dr. Dan Pratt, a Ph.D. educator (originally from White Bear Lake) who has taught at UBC for 35 years, will spend the day with medical school faculty and medical education staff. His expertise is on teaching styles and he has interfaced with a number of UMMS educators through Harvard-Macy. Dean's Forums 9/6/13 – Medical Student-GME Grand Rounds-Dean's Forum on Health Care Quality; T.R. Reid, Mayo Auditorium, 5-7:30 PM This began as a Medical Student initiative, they contacted and succeeded in bringing T.R. Reed (author of *"Healing of America"* a comparison of healthcare systems in the US to those in other countries*)* to talk to students, faculty, and others interested in hearing his presentation. Because he is speaking in conjunction to another appearance in the Twin Cities, the students had not choice in the date. 10/25/13 – the Medical Student Tuition: Pete Mitsch, 12:15-1:15 PM Students have also generated interest in understanding how tuition is distributed and to learn more about the cost of medical education and debt load medical students carry. **Information** Integrated – Progress Dr. Jeff Chipman highlighted the top three efforts planned for the next year in Integration. First effort is to establish the dyad teaching method in scientific foundations courses. Currently planned partnerships included Dr Peter Southern & Dr Jamie Green (ID), Dr Cliff Steer in HD4 to work with blood/gut physicians, and Dr Chipman will be working within Physiology. Funding has been secured to set up dyad teaching; some faculty have already expressed interest. Best practices will be gathered at the conclusion of the year (put in your ACR!). Secondly, some Milestones will be developed to help integrate content of years one and two, including simulation evaluation. A Pulmonary Physiology Milestone is being considered. Finally, creating a process for assessing critical thinking (how did you reach that answer). There are many models at other medical schools that are variations of this dyad teaching model. Dr. Chipman will work with Drs. Doug Wangensteen and Stephan Katz in their Physiology course as the clinical pieceof their dyad. Dr Katz would also like to see improved integration of courses with FCT cases. Cases, objectives, and		

schedules for FCT will be shared with course directors. Dr Chipman added that there really is a dyad for FCT as well; an MD has been Every identified to work with Brad Clarke on FCT course direction. Dyads and relationships will be different and across every basic science course dyfdads will be explored and he expects there will be lively discussions that will involve students as well as faculty. This should add to interactivity among students and faculty, which may make sessions interesting to those students who typically choose not to attend course sessions. Annually 2-4 of the cases will be updated and made more relevant to curren best practices. Another goal is to strengthen ID as part of a dyad. Dr. Miller noted that info from Harvard med ed portal , is a AAMC website which is peer reviewed for feedback and has the value of a publication due to the feedback mechanism and recommended it as a very useful tool that is readily available . Annual Program Review <u>RPAP and MetroPAP</u> Dr. Kathleen Brooks provided statistics related to program applicants , placement and graduation over a two-year period. RPAP is a program to nurture year-3 medical student interest in rural medicine in primary care. This is a9-month long longitudinal integrated clerkship, where students go out into rural settings and they complete the requirements for a series of their core clerkships. Every student completes the requirements for Family Medicine, Primarycare Selective and Surgery and then it varies by site depending on what is available with preceptors in OB, Peds, Emergency Medicine,Urology and Ortho. Because students are placed in small communities to be there for 9 months, follow their patients through the different disciplines and that is where integration takes place. The report uses the same goals/desired outcomtes as in previous reports; immediate , intermediate and longterm. Students apply to participate, which impacts their interest, participation, selection for residency and their medical practice. Students are surveyed at the end of their 9-month experience; which provides data for impact on student experience, etc. The experiences students value most in RPAP and MetroPAP are independence, relative automony, continuity of care, the responsibility and opportunities for procedural training. Academic Performance of RPAP/MetroPAP includes students taking the required end of clerkship examination and they site for these exams at either the Duluth or Twin Cities location for a specific exam in a		

specific clerkship period. Comparatively these students perform as well as those students who complete all of their year-3 clinical rotations within the Twin Cities established clerkship sites. For the 2013 graduates, 59% of the RPAP students Matched into Family Medicine. Community Satisfaction There are more sites requesting RPAP placements than there are students to fill the slots. Communities also commit to support students year after year, through providing a stipend and/or housing for the students. Currently there are 1064 RPAP alums who are actively practicing and over 1400 who have completed the program. The difference in numbers indicates those who are somewhere in the training pipeline and a few who have retired and a few who have passed away. Regarding the lower number of applications and participants in RPAP currently, there are may just be a different cohort of students. Other reasons possible reasons exist, with some of them including: • highly competitive application process • inaccurate assumption that they would not have opportunities to experience sites located in the Twin Cities (the 4th year experiences are all within urban preceptorships – TC or Duluth) • tracking and other information doesn't seem to indicate that this is a trend There are similar numbers of students on each campus participating in RPAP, with only 4 from the TC campus going into Family Medicine and in Duluth all but 3 went into Family Medicine; why might that happen? Dr. Brooks feels the pipeline in Duluth is directed more at accepting students interested in Family Medicine, and it seems more logical the focus would lead them to primary care. For the TC students their may be a rural family connection they want to explore or they may have had some brief rural experience with a summer internship project and want to explore that in more depth. Typically the TC student hasn't come into their education with as much commitment to practicing in a rural setting. MetroPAP This program began two years ago as a Pilot and was meant to replicate the RPAP program as an LIC program set in an urban underserved medicine. Two students placed at the Broadway Family Medicine Residency program and at North Memorial Hospital each year. The review of these placements have included student satisfaction , comparable academic performance and was it possible to do this in these settings. Because the program is still too new, it isn't possible yet to determine if a significant number will practice medicine with an urban underserved population.		