

Joint CEC/SFC/CUMED
April 1, 2016
Minutes

Welcome from Dr Bob Englander, new Associate Dean for Undergraduate Medical Education.

Dr. Englander is coming to us from the Association of American Medical Colleges (AAMC), where he led national efforts around competency-based medical education. He worked on the Education in Pediatrics Across the Continuum (EPAC) project, which allowed him to interact with leaders here at the U. He has also been a pioneer in helping develop the Core Entrustable Professional Activities (EPAs) for Entering Residency, outlining clear expectations for learners and teachers to be sure medical students enter residencies with skills to succeed.

Dr. Englander started his career as a pediatric intensivist at the University of Maryland, a position that allowed him to develop his clinical passion as well as his interest in medical education. He served as education director for the division of critical care medicine before becoming Associate Program Director for the Residency Training Program and Director of Undergraduate Medical Education for the Department of Pediatrics.

From Maryland, Dr. Englander moved to the University of Connecticut School of Medicine and Connecticut Children's Medical Center. As Associate Residency Program Director he helped usher in competency-based graduate medical education. He also became involved in efforts to improve quality and patient safety for the inpatient services, eventually becoming Vice President for Quality and Patient Safety.

While at Connecticut Children's Medical Center, Dr. Englander participated in the Pediatric Milestones working group, helping usher in a new understanding of competency development for learners across the continuum.

Introductions

Questions for Dr. Englander:

Dr Katz shared that there is an LCME accreditation survey beginning soon - will you be overseeing the preparation and coordination of the self-study? Yes, Dr Englander shared that he

Dr Acton referenced the clerkship design changes and shift to competency-based education - what is the big picture vision for these changes and integration of the two? Dr Englander wants to start with a set of guiding principles, then a design that fits in with those guiding principles. 1) We must agree on the outcomes (by the end of the core clerkships) as defined by CEPAERs

and 2) set up design for implementation, and 3) how do we assess competency? This will position students for a better transition to residency.

Dr Fiol referenced the new Clinics & Surgery Center and changes to the M Health clinical enterprise. Do you have any recommendation or new ideas for integrating the clinical clerkships with the M Health enterprise? Dr Englander shared that we need to expand our thinking and continue to build our partnerships with our clinical affiliates. Let's move from the student as burden misconception to student as value truth. Goal is to shift to where clinical practices are contacting US to set up student rotations.

Dr Englander's question to the groups: Are there any urgent issues that he should be focusing on in the next 30 days? 6-months?

6 months: Clinical capacity

6 months: Increase in Step 2 failures (locally and nationally)

Diversity & Inclusion

See draft proposal for Promotion of Inclusion and Diversity in the Medical School

Definitions of diversity - see Medical School Diversity Statement and AAMC Statement on the Learning Environment

Dr Johns shared that he was a member of the team that wrote the MS diversity statement and reflected on how the medical school did not accurately reflect the diversity of our communities. How are the conversations about student diversity paired with efforts around faculty diversity (which is led from Faculty Affairs). Mary Tate added that the school is working with HR to work on increasing diversity of staff. Really, we all own this issue and the efforts needed; many staff have taken Office of Equity & Diversity workshops and extended trainings.

Dr Prunuske asked if there was data on how well (or not well) the diversity of the student body or faculty assembly represents the diversity of the state. Dr Kim shared that there is admissions data available that could be used to make this reflection.

Dr Nikakhtar noted that most of the student concerns and comments documented in packet reference racial and ethnic diversity, but does not seem to include other groups, such as sexual orientation and gender identity. Nicole Cairns (MS2) shared that the PRIDE group is working with AD Patel from Admissions about option to self-identify as GLBTQ on the admissions

Dr Jewison shared his personal experiences in different parts of the country, through the Teach for America program, and how that improved his views on diversity. The solution starts with increasing the diversity in the applicant pool. How are we marketing Minnesota as a school that would be a good place to go? He also prompted the group to think about diversity that is easy to “see,” but also the diversity that isn’t apparent - like SES, GLBTQ, etc.

