Clinical Education Committee
June 5, 2015
Minutes

Attendance: see last page

Review of minutes - April and May - approved as is

Announcements:

New directors in 15-16 for FMCH and MED - last meetings for Dr Power and Dr Duffy Last meeting for Majka Woods, Assistant Dean for ACE Last meeting for Kathy Watson, Senior Associate Dean for UME Thank you to all for your work and participation and good luck in your future endeavors

CEC Schedule changes

CEC start at different time - 7:00 am to accommodate clinic practice schedules Same Friday (but SFC moving to different Friday) Starting 15-16, joint SFC/CEC quarterly, on CEC Fridays

Summer MEDS Schedule

Theresa Hudachek reviewed the many offerings from MEDS that are happening this summer. She asked for presenters for Journal Club, as the August schedule is currently open. An announcement for the 2015-2016 MEDS schedule will released soon. Beginning with the June 24 meeting, the Medical Education Research and Scholarship Conference (Education Research-in-Progress) will move from a weekly to a monthly schedule. This is an opportunity to present research in progress for consultation; it's not a forum for final presentations. There will be an inaugural back-to-school Faculty Summer Kickoff on Tuesday, August 4. The kickoff is from 4:30-5:30 followed by a chance to mingle with the new incoming med students. CEC members are encouraged to reserve this time on their calendars now; more information will follow.

Late grades

6-week late grades - departments have been notified and grades resolved.

Spring semester - now 4 weeks post the final periods - please enter ASAP so MS4 students can be cleared for graduation! Almost half of Class of 2015 not cleared yet due to missing grades. Need to be cleared for official transcript (send to residency and apply for licensing).

Ed Council representation

Dr Acton attends as CEC chair. Dr Kim had also been a CEC representative, but due to new Assistant Dean position, should be replaced by another clerkship director. If interested in attending Ed Council as CEC representative (3rd Tuesday, 4-5:30), please contact Dr Acton. Med Ed Admin will send request for volunteers to committee. Ed Council is approval body for curriculum changes, policy updates, etc. "Last stop before Dean." Brad Benson is current Ed Council chair 2015-2016.

Student Comments

New MS3 representatives: Alexandra Muhar and Kellen Albrecht

Discussion #1

EthicsPoint (guest - Mary Tate)

Medical School works to create mistreatment- and harassment-free learning environment. Mistreatment and harassment has occurred at our medical school in the past. These are not acceptable behaviors at UMN, so if students experience these behaviors, resources are in place for reporting. One resource is EthicsPoint. EthicsPoint website, https://secure.ethicspoint.com/domain/media/en/gui/9167/index.html

It is a confidential reporting service available through all UMN campuses. Also known as UReport. Situations can be reported by online report, phone (new). Caller talks with trained interviewers who will ask questions and walk caller through report process 24/7. Callers can remain anonymous and calls are not recorded. Reports categorized by campus location, allegation

category (financial, employment, HR, theft, discrimination). Most medical school reporting is based on protected class - sexual harassment, discrimination based on gender, race. Dr Robin Michaels, Mary Tate, and Dr Kim are recipients of medical school reporting.

Through the online reporting tool, reports may include attached documentation. Important that reporter provides investigators with as much information as possible. Reporters provided report "key" in order to re-access the system and add to or update report.

EthicsPoint website, https://secure.ethicspoint.com/domain/media/en/qui/9167/index.html.

Select campus, then scroll down to Student concerns. Faculty and staff can also file an incident report on behalf of student. System has required and optional fields. Repeat offenders can be tracked.

Dr Acton questioned if reporting was anonymous (don't even enter name) or confidential (enter name, but not shared). His experience with UMP Peer Review committee showed that anonymous reporting could lead to improper reporting. Mary Tate shared that both are options - can, but do not have to, enter name.

Dr Watson shared that on recent graduation questionnaires (GQ), the percentage of students reporting some experience with mistreatment or harassment is dropping 60 to 53 to 39%, but is still too high (higher than national average). There are around 12 current open cases. Most violations are in the clerkships (vs courses). Mistreatment that students experience or perceive has lasting effects on their medical school career. Students must be aware of policies, resources, and reporting options.

Dr Murray asked Ms Tate what she felt the role of clerkship directors could/should be. Dr Acton shared that the Surgery Clerkship includes at least one slide in Orientation about what behaviors they might experience and what their resources/options are, using examples and scenarios to help prepare students for this potential mistreatment or harassment. In addition, there is some discussion of what constitutes mistreatment/harassment, and what is not ("gray zone"). Dr Pereira added that clerkship directors could all share at Orientation that collectively we are working towards a better culture and learning environment. Not just provide resources, but help to educate and empower students. Connect BlackBag and new EthicsPoint site (or intro Mistreatment/harassment website). Transition Day includes session on mistreatment/harassment with student panel, scenarios, and resources. Dr Acton likened this topic with Duty Hours and violations. He asked if clerkship directors could have a de-identified, distilled version of case reports. Maros Cunderlik asked if students should still include comments re: mistreatment in their E-value clerkship evaluations. Yes, and Anna Gregoire noted that clerkship evaluations are assigned at the end of a rotation, the EthicsPoint resource could be used DURING the rotation. Dr Watson will provide a summary of the GQ2014 data to share with CEC.

Updates

Transcript Policy

Dr Pereira set the context for the discussion in that reviewing and updating the Transcript Policy prompts a discussion of the use of the "I" incomplete grade and other special grades across clerkships. Another component of the discussion is the grading rubrics from each clerkship (grids of graded components).

Heather Peterson - has noted in clerkships with final exams, there are differences in the final grade outcome. Clerkships with Shelf exams award an "I" incomplete grade if only exam component is failed. After remediation, a H-E-S-N final grade is awarded. Other clerkships may fail students if the exam component is failed. In MS1-2 courses, students who fail final exam receive a grade of "No Pass." After remediation, "N" grade reported on Transcript is updated with a "T" test credit grade (pass on re-Take).

Dr Murray shared her lack of understanding as to why clerkships have been permitted to apply policies, especially grading policies, differently across clerkships. How can more consistency be built into graded component structures in clerkships so that final grade awarding is more consistent. Dr Brooks followed with question if clerkships should identify the "passing" threshold for these final exams. Dr van den Hoogenhof clarified that passing thresholds for Shelf exams cannot be consistent across clerkships, but that the shared threshold is that we will "follow the NBME-stated threshold levels" in each clerkship. Student representatives shared that students do review the graded components and their relative contribution to the final grade. Consistency would help students "weigh" the exams in regards to the final grade in each clerkship. Dr Acton added

that clerkships could consistently apply the procedure of what final grade students who originally fail the exam could be eligible for - still can get Honors? Can only get Satisfactory? Anna Gregoire shared that there are students who are comfortable with only being able to get Satisfactory following an exam retake. What they ARE uncomfortable with is the potential of receiving a "T" test credit grade that residency programs would not be familiar with. "S" is better than "T." Anna added that the eligible grades after exam retake can/should be related to the percentage of which the exam component contributes to the final grade.

Dr Duffy asked Dr van den Hoogenhof what changes were coming in regards to the NBME shelf exams. Dr vdH replied that NBME has eluded to the fact that how the recommended passing threshold is calculated. Dr Acton added that the average score in Surgery clerkship increases throughout the year period 1 -8, then drops and rises again the next year.

Dr Power shared that in FMCH the Honors awards are to the top 25% roughly, but that additional "other" graded components are needed to differentiate students due to inconsistent and invariable clinical evaluations. Dr Brooks asked how much clerkships set the percent contribution of the final exam in response to the flux between students' performance assessments. Work is needed to develop clinical site preceptors in their assessment skills.

Circling back to Transcript Policy changes - what is the consistent grade by clerkships used to represent failure of exam and then what, if any, grade is added/replaced to reflect passing of exam remediation? Dr Duffy shared that residency programs do look for Shelf exams and their scores. She wished that their was a two-fold grade, to show the difference between the clinical score and the non-clinical/exam score. The "N" no pass grade won't reflect that the difficulty was on the Shelf exam when the clinical evaluations were E/H. Deb Egger-Smith (OBST) shared that the E-value comments could be used to explain in narrative what the grade represented on the transcript truly represent.

Remove C-4 from Transcript Policy and address in Clinical Course Grades Policy.

Dr Pereira concluded the two points of discussion - how to report "performance" on the transcript consistently across clerkships and consistency of how final grades are calculated (components) across clerkships. Proposal could include consistency in process and consistency in weighting of final exam within clerkships (% performance assessments vs % exams vs % other). Input should be solicited from stakeholders, especially students. Option of how and to what extent the comments in E-value are used on the MSPE to clarify transcript.

<u>Joint BS/MD Proposal</u> (guest - Dimple Patel, Admissions) see handout

No July meeting Next meeting - August

Clinical Education Committee June 5, 2015 Minutes

Attendance:

MEMBER	CLERKSHIP/ROLE	ATTENDANCE
James Nixon	INMD 6805-6806-6807 Essentials of Clinical Medicine	Х
	3A-B-C; Process of Care Clerkships	
Ray Christensen	Rural Medical Scholars Program	
Keith D. Henry	EMMD 7500 Emergency Medicine	X
Chris Fallert	FMCH 7600 Family Medicine	X, Peter Cao
Briar Duffy	MED 7500 Medicine I	X
	MED 7501 Medicine II	
Miguel Fiol	NEUR 7510 Neurology	Χ
Yasuko Yamamura	OBST 7500 Obstetrics & Gynecology	Deb Egger-Smith
Katherine Murray	PED 7501 Pediatrics	Χ
Sheila Specker	ADPY 7500 Psychiatry	Χ
Robert Acton	SURG 7500 Surgery, CEC Chair	X, Mitch Gmyrek
Cornelius Lam	NSU 7200 Neurosurgery	X
Edward RG Santos	ORSU 7200 Orthopaedic Surgery	
Jennifer Hsia	OTOL 7200 Otolaryngology	Χ
Paul Gleich	UROL 7200 Urology	X, Liz Mayock
James Pacala	FMCH 7700 Primary Care Selective – Fam Medicine	
Sally Berryman	MED 7700 Primary Care Selective – Medicine	
Cindy Howard	PED 7700 Primary Care Selective – Pediatrics	X
	MED 7701 Primary Care Selective – Med/Peds	
Kathy Brooks	INMD 7200 Rural Physician Associate Program (RPAP)	X
Jacob Prunuske	Duluth Faculty Representative	X, Paula Guisfredi
Maros Cunderlik	MS4 Student Representative	X
Anna Gregoire	MS4 Student Representative	X
Alexandra Muhar	MS3 Student Representative	X
Kellen Albrecht	MS3 Student Representative	
Kathy Watson	Senior Associate Dean for UME	Х
Anne Pereira	Assistant Dean for Clinical Education	Х
Majka Woods	Assistant Dean for ACE	Х
Michael Kim	Assistant Dean for Student Affairs	Χ
Suzanne van den Hoogenhof	Measurement Specialist, Assessment & Evaluation	Χ
Brooke Nesbitt	Clinical Education Manager, CEC staff	Х
Abbe Holmgren	Clinical Scheduler	Х
Adam Maier	LMS Manager	Х
Mary Tate	Minority Affairs & Diversity	X
Scott Slattery	Learning Development	X
heresa Hudachek	MEDS	X
Heather Peterson	Registrar	Х