Clinical Education Committee
September 2, 2016
Minutes

Review of minutes - June 2016 - approved

Announcements
Late grades - Student Affairs working to improve late grade reporting to better reflect status

October joint meeting - SFC and CUMED - Office of Equity & Diversity training (implicit bias)

Updates
Simulation needs for assessment (ACS curriculum) (see flyer)
Dr Acton shared that preparedness of new interns in surgical techniques has diminished over time, so a modular curriculum was developed by ASC to better train medical students using simulation. Dr Howard shared that a similar simulation-style curriculum is used to prepare Pediatric residents to train abroad. Jeff Chipman also uses a simulation method to train junior residents on delivering bad news. Dr Ercan-Fang shared that the VALUE LIC uses a simulation curriculum for IPE training. Dr Fiol added that the Neurology clerkship uses the IERC for an OSCE, but costs are proving prohibitive. Dr Acton segued that individual clerkships are doing separate simulation exercises, but faculty and facility resources are also limited. Are there means to lower the cost and faculty resources of simulation training and assessment? Dr Nikakhtar pointed out that, since there is no universal “transition to clerkships” training, individual clerkships do have to work to integrate skills training into their curriculum. Austin Calhoun (Chief of Staff) added that the proposal for the new education building has significant square footage and resources for simulation. Dr Englander addressed the connection between skills simulation training and the outcomes desired for the MD students. Design the outcomes first, then develop curriculum, including skills training. Then, establish whether the skills are core skills or specialty-specific skills (and therefore, whether they should be taught within a single clerkship or at program level). Finally, determination of whether skills training should be done through simulation, which connects to which facility/resources should be used and how the budget can be worked to afford this training.

Neurology Clerkship
Dr Fiol and his team have developed a quarterly newsletter for the UME opportunities, news, and updates in the Neurology Dept. Currently distributed in formal written format, and also emailed to some preceptors. Family Medicine is also developing a “newsletter” to communicate with community preceptors. Please share any feedback or ideas with Dr Fiol.

Discussion

Clinical grading -

CEC student representatives have brought to the attention of the committee much confusion on the part of students as to how grades are determined within and across clerkships. Nicole Cairns (MS3) has developed a survey for clerkship directors to submit information about the nuances of how assessments are completed and grades calculated within each clerkships. Dr van den Hoogenhof has met with students who have shared many misconceptions and rumor surrounding how grades are earned at different sites within different clerkships.

Dr Howard shared that clerkship directors don't know much about students when they begin a clerkship; question posed to Nicole what do the students want clerkships to know about them. Nicole shared that students would like clerkship personnel to know which clerkships the students have already completed previously. Especially in advanced electives, where the student was just there for the core clerkship. There is also a desire by students (per clerkship evaluations) for new-to-service preceptors to know from "last week's preceptor" how the student is doing and what they have observed/performed.

Dr Nikakhtar shared that in Internal Medicine 1, an all-site orientation is used to address some of these grading questions and answer questions about evaluations. It is difficult for him, as clerkship director, to allow his sites to have some individual identity, while maintaining a unified curriculum/assessment (Med 1 site portfolio - different activities, but assesses same competency).

Dr Englander redirected conversation back to initial concern - student request for more transparency about the process and calculations for clerkship grades. The goal again is to have decided outcomes for students, then ensuring that assessments (across sites, across clerkships) all map to the same outcomes. Information should be posted clearly on all clerkship BlackBag sites and grading should be reviewed holistically each year.

Dr Fallert added that, in FMCH 7600, there are ~30 sites, including both residency program sites and community sites. Coordinating all of these different sites is difficult, but outliers are met with and trained to bring in line with the overall course assessment strategy.

Annual Clerkship Reviews

Dr van den Hoogenhof presented student evaluation of clerkships data May 2015 to May 2016 see handout).

Dr Englander would like to see follow-up with clerkships/sites to identify barriers to exceeding expectations at those sites. But how to approach sites with "lower scores" to help them improve, without complaining/punishing? It is important to show that lower scores are often still "meeting expectations," so the conversation is only how to improve beyond that to "exceeding

expectations.” Students are forthcoming about suggestions for improvement; consider doing student focus groups to collect input.

Next meeting: October joint meeting - SFC and CUMED - Office of Equity & Diversity training (implicit bias) 7:00-9:00 AM