

**Clinical Education Committee**  
**November 4, 2016**  
**Minutes**

**Review of minutes:** September - no corrections

**Announcements**

Late grades - All required grades in. Some outstanding elective grades

Dr Kathy Brooks - last meeting before retirement. Dr Pereira shared that she realized at the recent CLIC meeting how important RPAP, and Dr Brooks, have been to the development and implementation of future LICs, and the overall support towards LICs. [National search to fill position underway - goal is to have recommendation on candidate to Dr Englander by late spring. Dr Nancy Baker will fill interim director role until then.]

**Student Comments**

Working with the clinical coordinators on future project to bring back to clerkship directors at future meeting.

**Discussion**

October's Equity & Diversity training debrief & next steps

Dr Acton shared some takeaways from the training - video of sisters-in-laws who both identified as bi-racial, but had different skin tones and different correlated experiences. Dr Murray agreed that the training and conversation were useful. Dr Howard also noted the timeliness of the training and conversation due to current political and university climate.

Next steps: for education leaders? For student curriculum? Dr Pereira shared that Dr Satin has integrated some of these objectives and conversation into ECM (MS1-2). Continuation into clinical years? Nicole shared that ECM introduced tools for combatting implicit bias and how to be a better ally. Dr Englander suggested that we build cases around microaggressions that could be worked through during director's meeting time. Dr Nikakhtar challenged that directors need to tools for how to identify and address microaggressions on clinical rotations. Austin Calhoun shared that the Women's Center also has a training on tools for identifying and addressing these cases.

Simulation

Background: Individual AHC schools are implementing separate simulation facilities. Challenge: are there opportunities to better collaborate and align resources?

- task force
- charge
- operating principles and policies 1-10

Please refer to letter

Shared model goes into effect July 1, 2017 (with applications in new building also)

Dr Fiol asked about resource availability to Neurology clerkship, including standardized patients or patient educators. Dr Rosenberg responded that the IERC has a robust standardized patient program; adding “findings” to that model is a good option to pursue.

Dr Acton is also the director of the Simulation Fellowship program.....

Mary Ann McNeil (Emergency Medicine) was also in attendance and described a Train-the-Trainer program (2-day course OR 3-section course) designed to identify and train simulation champions from each department.

Dr Brooks recommended that, as different departments become involved in simulation, it is evaluated where there may be duplication between clerkships and that duplication redesigned to be more of a build-upon. It is also important to make sure that students on LICs and those taking rotations through the Duluth campus have access to simulation exercises.

Dr Englander posed the question, How does simulation fit into meeting defined student learning outcomes? Dr Howard also described the current work in Global Health on using simulation as method for dealing with death of a patient (strategies/emotions).

In conclusion, Dr Rosenberg recommended to committee that they consider inviting Dr Konia from SimPORTAL for future discussion.

## **Update**

### Clinical Faculty and Community Preceptor Awards

Update to group on changes for teaching awards for 16-17. Each year, there is an April award ceremony to award student and faculty educational awardees. The dean would like to see an Event similar to the fall event recognizing research and researchers. Awards for teaching will be recognized at a new Teaching Awards event - late afternoon/evening of May 3 (coordinates with Med Ed best practices day May 4 and Graduation May 5) - in Weissmann Art Museum.

Over last few months, a small team is reviewing awards and making sure they align with the school's initiatives and goals. More information will come in writing, but new awards include “Exceptional Affiliate Faculty” and “Distinguished Mentoring” and “ Exceptional Primary Care Community Faculty” teaching awards. The latter is in partnership with MMA. Nominations can be by students or by other faculty.

### Forecast of changes needed for 2017-2018 & 2018-2019

Thank you to clerkship directors and coordinators for the changes to required clerkship lengths, curriculum, and capacity. Meetings continue with clerkship directors and coordinators of those clerkships experiencing major changes.

Refer to schedule - Can now remove "draft" from Lanes document!

Purpose: All MS3 students complete core foundational clerkships and open up their MS4 year for advanced clerkships, interviewing, etc. Previous scheduling system prevented development of advanced curriculum.

Class of 2018 - Straddlers - Have been more limited in choosing rotation periods. Many efforts being made to accommodate all students in the courses and schedules that they need.

Dr Slattery has also been instrumental in helping integrate Step 1 preparation and exam time plans into this lanes schedule.

Intersessions: In 2017-2018, only MS3 students will participate in required one-week courses during intersession weeks. MS3 and MS4 students will participate in 2018-2019 going forward. A position will be posted soon for director of those one-week courses to be held during intersession weeks. Format will include curriculum, assessment, and special events. Students will NOT be in any block clerkships during those weeks.

HeLIX - New LIC at HCMC for 4-6 students with a focus on health disparities, health equity, and patient advocacy. Co-developed between leaders at HCMC (based in Internal Medicine) and UMN. Does not impact capacity in block clerkships at HCMC.

In 2018-2019, MS4s will also have fewer required clerkships leaving more time open for interviewing, exams, and personal development.