

Clinical Education Committee
June 2, 2017
Minutes

Review of May 2017 Minutes

Announcements

Transitions and Thank You's

- Dr. Acton will be stepping down as the surgery clerkship director
- Dr. Murray will be the new chair of CEC
- September will be the next CEC meeting

Innovation Challenge

- See handout
- Dr. Pereira explains that they would like to protect faculty time to innovate in their clerkships
 - Can award two innovation challenges
- When we move into the new building in 2019, there will be no lecture hall
- Proposal is due June 19th
- Dr. Rosenberg explained that the new health sciences education building will be a reality due to the bonding bill that was signed in on Tuesday of this week
 - Goes to Board of Regents in July
 - Projected opening December 2019
 - LCME site visit is March 2020
 - Building will be 6 floors and contiguous space in PWB
- Dr. Howard reminded the group that the Josiah Macy foundation gives an award to an educator who does innovative work
 - Dr. Pereira will look into the process for that and get back to the group

Update

Education Council Update

- Dr. Murray - ed council made a strong recommendation to the Dean that we move to a P/N grading scale for the first 2 years
 - Dr. Rosenberg explained that the Dean wanted another consultation with the chairs and some other members of the meetings and that is happening this Friday
 - Ideally will go in place for the incoming class
 - Dr. Fiol asked if year 3/4 will go the same route
 - Dr. Murray doesn't think so, but that there might be a lessening of emphasis on written exam and more on criterion based assessment and longitudinal assessment
- Y2Q results

- Administration is working to be increasingly transparent about their questionnaires
- Themes are emerging - burnout, learning environment, drops in empathy
 - Links to the ed council's recent charge to the committee
- Dr. Baker asked if the Y2Q questions are the same as the GQ
 - Dr. Murray would imagine they are but not positive
 - Dr. Kim confirmed that they are exactly the same, but the Y2Q has only been going for the past 3 years and the first 2 years were a pilot, so we don't have that much data yet
 - Dr. Kim explained that we have about mid-60% response rate
 - Dr. Howard asked what prevents burnout and preserves empathy in the second year
 - Dr. Kim said there are several things that can ameliorate burnout - sense of purpose and more clinical experience, getting rid of stressors (P/N grading)
 - Dr. Nikakhtar - sense of being uprooted, anatomy and dissecting cadavers, human suffering, anything high stakes for the purpose of advancements
 - Sense of collaborative learning environment, and sense that student's education is considered important to faculty and school can help
 - Dr. Acton said it's different now because everyone is at home and not studying together and having a sense of community
 - Dr. Lawson enjoyed the first 2 years because of the taped lectures
 - Dr. Olson said that the best way to do it is building community around clinical work
 - Dr. Lawson said it can't be anything additional to their education
 - Dr. Pereira said that there is a new POCC longitudinal clerkship - having them in 1 clinical setting for all of their POCC
 - We have a lot of contact time with students compared to peer institutions and are trying to think about how to change the quantity of curriculum
 - Dr. Howard said preceptors are much more interested in having students longitudinally
 - Dr. Kim explained that one of the biggest correlating factors with burnout is when students are working with residents and faculty who are burned out - need to look at it across the continuum
- Match report
 - Only 6 students did not match
 - Students are applying and interviewing at an incredibly wide net
 - Now programs can't tell which students are actually interested rather than just applying too widely

- Dr. Pereira is doing some of this work with the internal medicine programs nationally - 45% of 20,000 respondents said most of the information that they're getting is from peers or near-peers, 15% from faculty or administration from the medical school
- Dr. Kim said 85% will get a top 3 choice, 95% will match and we have a Flex 5 program where students can then go through the match the following year
- Dr. Olson said it's hard for residency programs to be transparent because the information that they're getting is not useful in the MSPE
- Dr. Fiol is wondering how to keep students interested and connected to the specialty throughout their medical school career
- Dr. Acton said they set up meetings with students, and do informal or formal mentoring

Student Updates

- Nicole Cairns - at September meeting there will be 3 new students
 - Erin Mustonen is the other 4th year student
 - 3rd years will get elected soon

Discussion

17-18 Redesign Check-In (Dr. Pereira)

- All students will move through all of the foundational clerkships during their 3rd year
- Challenges
 - Changing the length of clerkships (Peds, Ob/Gyn, Psych)
 - Integrating surgical sub-specialties into the surgery clerkship
 - Would like to hear feedback from the clerkships on this
- Also first year that we will have the intersession curriculum
- Dr. Nixon asked about the 20% off cycle students
 - Brooke explained that the students who are off cycle are the students taking Flex MD, USMLE, remediation, students who have already taken courses, etc.
 - Dr. Nixon said that most students on Med right now will be taking Step 1 after and feel fine about it
 - Dr. Acton said that some of the students that they have took Step 1 already
 - Dr. Nixon said that having clinical experience before taking it will actually help them in their Step 1 preparation
 - Dr. Pereira explained that for students who were at risk for Step 1 had a bigger issue with taking students in clerkships before they took Step 1
 - Several schools are now having their students take all of their foundational clerkships before Step 1
- Dr. Murray said what they're thinking about is the increase in available capacity in future years may be directed to a separate elective that can be taken by other 4th year students
 - Dr. Howard said the challenges were the CLIPP cases were a lot to do in 4 weeks, how to pack didactics into that time

- Burst curriculum for RPAP will also be new
 - Dr. Baker said thank you for the 2 week bursts - the biggest challenge is the push to take Step 1 early enough to have time to get into the bursts
 - Will welcome input
- Dr. Acton hasn't heard very much back from their sites
 - Had some movement on sites that was challenging
- Dr. Kim said the vast majority haven't started clerkships yet
- Dr. Pereira explained that this is the bumper year, so thank you to the folks who increased capacity
 - Would like the transition to the clinical years to happen a little earlier - work over the next five years
- Dr. Acton talked to RPAP about students in RPAP who end up wanting to be a general surgeon - could we create new surgical tracks for a few of the RPAP sites
- Dr. Olson - intersession
 - Tasked with coming up with something new - not new content, give students opportunities to develop skills, transitioning into their role as a professional
 - Chance to build community among students
 - Significant amount of small group work - some existing groups (ECM/LC groups hopefully with the facilitator from their first years), faculty advisor groups, lanes
 - TED talk session given by students (health policy in first intersession)
 - ultrasound experience
 - oral presentation skills
 - developing key skills in reflective practice
 - center for spirituality and healing to help them develop these
 - how to deal with constructive/negative feedback, how to ask for feedback
 - how to have hard conversations
 - OED diversity training and microaggressions in the clinical environment
 - Working with alumni society to provide mixers in the evenings for students
 - Students will have between 2 and 3 afternoons off to do other things
- Dr. Gleich is excited about the thought that bigoted or bad behavior by patients will be addressed
- Dr. Olson talked about the power differential that happens and how to defend someone else if that is something you might do
- Dr. Rosenberg said another possibility would be to bring in more basic science into year 3/4
- Dr. Olson said that is one of the more difficult to pull off because you need a lot of basic science folks
 - Have not planned for that for this first one but would like to do that for future ones
 - Would also like to engage MD/PhD students to help this
- Dr. Roseberg said there were also graduate students in the medical school that might be of help for that
- Dr. Acton said that could be a good opportunity for graduate students to practice their teaching - asked if there would be EPAs worked in

- Dr. Olson said they would be talking about assessment
- Dr. Nikakhtar clarified that what Dr. Olson was talking to was about microaggressions towards people from minority groups
- Dr. Baker said that there are many folks who have done healers art and she has another one called meaning in medicine - some students may already be familiar with some of this work
- Dr. Nixon said there is a good piece by Renika Gupta called Slaves about how a students was very biased towards her
 - For basic science, it could be very connected to the clinical realm