

# Education Council (EC) Meeting Minutes

February 21, 2017

<b>EC members</b>	D Powers	
B Acton	N Nikakhtar	J Koffel
M Kim	S Roberts	J Miller
S van den Hoogenhof	S Slattery	N Neglia
J Beattie	R Michaels	J Pearson
Y Shimizu	C Hedberg	J Reid
R Englander	J Gauer	K Brooks
J Pacala	J Andrews	K Crossley
A Pereira		K Dietz
K Murray	A Calhoun	M Aylward
A Johns	A Goyal	R Cormier
J Nixon	A Severson	S Lava Parmele
B Clarke	B Nesbitt	T Stillman
B Benson	D Nascene	W Jenson
M Rosenberg	G Trachte	D Patel
M Wagar	H Thompson-Buum	

Attendance not recorded

Dr. Benson: We will approve previous minutes at the next meeting.

## I. Data Update (5 min)

**Suzanne van den Hoogenhof**

*Objective: To provide update on the data reporting error on % students who felt they were discriminated against related to orientation.*

Students reporting a lower evaluation or grade based on sexual orientation is correctly reported as 0.06% of students, which is equal to the national average.

Comments:

- Dr. Bob Englander: While we were relieved by the error in reporting of our % of students feeling they had received a lower grade based on sexual orientation, we remain concerned about our slightly higher than average student reports of public humiliation or embarrassment and sexist remarks.

## II. HHD3-5 Revisions (15 min)

**Anne Pereira**

*Objective: To provide update on a proposal by the Ed Steering Committee to reorganize HHD3-5 with the goal of approval by the Ed Council.*

Dr. Anne Pereira presented a proposal of the revisions of HHD3 and HHD5 (2nd year medical students). She explained the increased level of distress in HHD3, as this course is taught in 2.5 weeks, while other HHD courses are 4-5 weeks in length. The current number of teaching hours in HHD3 is 74, HHD5 being

90. The original allotment of hours was 50 and 92, respectively (handout page 2). The proposed change would reduce HHD3 contact hours to 61 and increase HHD5 to 103. The long term goal would be for course directors to reduce curriculum. Page 3 of the handout shows that we are on the long end of contact hours compared to the national average. Our range of contact hours is 24-32 across the first four semesters, compared to the national average of 24-26 hours. The benefits and consequences of this proposal are listed on the first page of the handout. Course directors, students, and the Ed steering committee provided favorable input to this proposal. The reorganization proposal would include:

- Combine neurology, psychiatry, ophthalmology, and otolaryngology in HHD5
- Combine orthopedics, dermatology, and rheumatology in HHD3

#### **Discussion:**

Is HHD5 close to Step1? What impact would the change have?

- Neurology/psychiatry are more complex and the students will need to be present and attentive in HHD5, as they may not have in the past (due to USMLE preparations).

If there is a failure in HHD5, this pushes back Step1. Is HHD3 more difficult?

- HHD3 is not failed disproportionately

#### **Comments:**

We had a robust discussion about the difficulties with HHD5, regardless of content, due to proximity to Step 1. We will monitor attendance, USMLE performance, and student responses going forward to see if there is any change from the HHD3/HHD5 changes.

**Vote to revise the structure of HHD3 and HHD5: PASSED.**

### **III. National Immigration Policy Learner Impact Q and A (20 min) Barb Shiels**

*Objective: To briefly update EC members on the current state of the proposed immigration policy changes and provide a forum to ask questions related to learner impact here.*

Dr. Benson invited Barb Shiels to discuss the current stress surround the recent executive orders. The purpose of the segment was to understand their effect and how we can support our students.

These orders were instated on January 27, 2017, which included a 90 day suspension on all immigrants from 7 countries, a suspension of 120 days of refugees from all countries (when lifted priority would go to refugees facing religious persecution), and a suspension on all Syrian refugees indefinitely. This led to lawsuits from individuals and states around the country. On February 9, 2017 it was decided the executive order would be refashioned, this has not yet occurred. Permanent residents legally in the US would be exempt from any new order. The main concern in our case is for F1, J1 visas - for academic travel, speeches, family visits, etc. There may be many legal challenges going forward.

- The Center for New Americans may be used as a resource
- ISSS office can provide counseling support for F1, H1, and J1 visa holders
- Further resource needs will most likely be based on anticipation vs. actual outcome of the orders

**Comments:**

Undergraduate medical students have a US citizen or permanent resident requirement, correct?

- Dr. Rosenberg: I believe so. We should find out from Dimple if this is a requirement or a prioritization.

**\*\*Dimple has clarified that students need to be a US citizen or permanent resident**

**IV. EPAC Update (30 minutes)**

**Patricia Hobday**

- Objectives: 1. To report on the EPAC experience to date, particularly focusing on our assessment strategy employing the Core EPAs for Entering Residency.*
- 2. To have a discussion about what element(s) of the assessment strategy could potentially be tried in other rotations or educational experiences and if/how to scale it.*

Patty Hobday provided an update on the EPAC experience. A detailed summary of the data is shown in her prepared PowerPoint presentation. In this system, we are currently advancing students based on competency, not time. The group has successfully moved the first 4 cohorts of students from undergraduate to residency. During this program, core EPA's for residencies are discussed daily for 3-4 minutes (either pre-written or dictated for a particular EPA). This information is entered through a transparent online tool which is accessible by Patty and the student. This tool allows continual review of what EPA's have been assessed and where the student may need improvement. Last year there were an average of 193 assessments per students. The first 6 months of this year there have already been an average of 150 assessments (spread of 97-273). The last slide of the presentation shows a spreadsheet made for each student (taking about 20 minutes) to assess if they are meeting the 3A or above requirement. 3A refers to being qualified to move to an unsupervised/intern level of activity. Areas of weakness/strength are assessed each quarter to plan the students next steps.

**Discussion:**

Do assessors receive feedback on their ratings?

- Yes, the core preceptor group gets 30 minutes-1 hour of face to face development from the EPAC group. We also orient them to the assessment form. The students are also helping to develop the physicians by asking questions about the entrustment assessments.

How are the interns doing?

- The interns have been doing fine.

Significant technical issues must be sorted out when considering scale. The students intern year is the least flexible. How do residency programs deal with off-cycle students?

- We recognize this issue and it can be difficult to deal with. More planning would certainly be required when scaling.

Are similar schools getting feedback and grades?

- The data is determined by the school. We are the only school going the route of no grades.

**Comments:**

- Dr. Benson: We need to first acknowledge the enormity of this accomplishment.
- Dr. Englander: We are certain this is the first time advancement has been made from UME to GME based on competence rather than time in North America.
- Patty Hobday: It is important to acknowledge the possibility of issues in transition due to variable time advancement. We are having significant amounts of questions during recruitment to see if this is being done in other groups, as some interested students do not want to do EPAC specifically.
- Dr. Power: I had the opportunity to use this assessment with an MSTP student in the clinic and saw 2 strengths - they have Epic access from home and the student had the evaluation ready to go.
- Patty Hobday: We are most excited that students are understanding how they are developing and the ownership of their feedback.