

# Education Council (EC) Meeting Minutes

February 16, 2016

| <b>EC members present:</b> |                     | <b>Guests:</b>                   |
|----------------------------|---------------------|----------------------------------|
| M Aylward                  | B Murray            | M Belinski                       |
| L Anderson                 | D Nascene           | P Hobday                         |
| J Andrews                  | J Neglia            |                                  |
| J Beattie                  | N Nikakhtar         | <b>EC members not attending:</b> |
| B Benson                   | J Pacala            | R Acton                          |
| J Chipman                  | D Patel             | K Brooks                         |
| R Cormier                  | J Pearson           | K Crossley                       |
| K Deitz                    | M Rosenberg         | S Lava-Parmele                   |
| A Goyal                    | A Severson          | R Michaels                       |
| S Hansen                   | S Slattery          | J Miller                         |
| C Hedberg                  | Y Shimizu           | J Nixon                          |
| R Holton                   | H Thompson Buum     | A Pereira                        |
| W Jenson                   | G Trachte           | D Power                          |
| A Johns                    | S van den Hoogenhof | J Reid                           |
| S Katz                     | M Wagar             | T Stillman                       |
| M Kim                      |                     |                                  |

## Minutes

Minutes for the January 19, 2016 EC meeting were approved with no corrections or additions.

### GMER (formerly IMER) Program Report

he thanked them for accepting this bigger role Dr. Mark Rosenberg provided an overview of changes taking place in this program and thanked Drs. Howard and Hertz for their willingness to be course directors of GMER. As Dr. Phillip Peterson and Dr. Paul Quie moved to retirement; the Program needed new leadership and Dr. Marshall Hertz and Dr. Cindy Howard agreed become co-directors of the GMER course. Changing the course name from “international” to “global” clarifies for our students and prospective students that the course offers curriculum on global health. The program will continue to demonstrate the importance of health care education as it relates to the increase in the number people arriving here from all over the world. Dr. Howard introduced Matt Wagar (MS-3 Student Council representative to the EC) and who works closely with GMER. She also noted that a GMER key staff member, Shannon Benson, was unable to participate in reporting at this meeting.

In working to develop goals and objectives for the course they used goals that students were using in developing their applications to participate in an international health elective.

Common Themes included:

- Experience the practice of medicine in a resource limited setting

- Learn to manage stress in a cultural & professional environmental setting different from one’s own.

- To broaden thinking as conceptualizing solutions to the global health equity.

- Focus on language learning

Changes in the application process include having applicants write their own personal goals and objectives in taking an international health elective. The application process now also includes a 1:1 interview with either Dr. Hertz or Dr. Howard regarding their personal goals to help match them with specific partner site who can help them to fulfill goals and are matched with a site and with a preceptor either here or there or possibly at both locations. Another aspect of the new preparation criteria is application to GMER during their third year so they travel as fourth year medical students, the result being they can give back more to the partners abroad as a fourth year student. Students must make application to the course by June the 30<sup>th</sup> of their 3<sup>rd</sup> year to plan for travel the following year. They are required to attend a pre-travel orientation that focuses on personal health and safety and cultural humility. Once they return to the U they meet with either of the course directors 1:1 for a

post travel debriefing, hand in their notes related to their course faculty, and write a 500 word reflective essay about their experience; upon completion they will earn a grade of pass or fail.

GMER also works with years 1 and 2 medical students with the Global Health Impact Group (GHIG). Matt Wagar works closely with this group, because of the student leadership they have had a high level speaker series with 75 to 100 students attending each scheduled lecture. After surveying the year 1 and 2 students; they found that the most sought after topic of interest was “how to work with an interpreter”. And GHIG was able to satisfy that interest with a highly respected individual. If students attend as many as 75% of the lectures either in person or online, they receive certificate for completion of a global health curriculum. GHIG sponsors the Global Health Networking, which takes place on March 24<sup>th</sup>; which is an opportunity to meet faculty who are doing research and work abroad. Students meet faculty and learn of common areas of interest. Also nursing and dental students have begun to attend lectures, as well. Another change has been to reduce the number of partners from twenty-seven to eight very strong partner sites.

GMER staff are now working with Dr. Anne Pereira to establish a set of criteria for accepting visiting international students:

- who can qualify to attend a rotation
- Under what conditions
- how are they assigned to rotations
- establish more reciprocity relationships as a requirement to accept international students

The Karolinska Institute and St Johns University in India frequently have bi-directional students here for rotations or research. One possibility would be to only accept students from the top 6 locations where our students study.

IMER historically has been like a cheerleader for students traveling between years 1 & 2. We only have one organized program in Ecuador; 100-150 students may go to do some medically related experience during that summer on their own. Due to some changes, i.e. new state laws and greater visibility, GMER has been asked to be more responsible in some ways. Some issues involving international travel include the following questions and responsibilities:

- monitor travel out side of GMER sites
- why and with who students travel (parents, NGOs, etc)
- when we approve their travel, is the U of M responsible for these students
- At this time, during orientation students are told if they are having a medically related experience as a medical student at the University of Minnesota they must inform the School of international travel.
- to know where students are located in case there may of a political situation or other safety issues
- At the U of MN there is an excellent registration system, registering allows for the purchase of travel insurance (at a very good rate) and it includes evacuation insurance.
- All are required to enroll in the Safe Travelers Enrollment Program with the US State Dept .

Dr. Jake Prunuski from Duluth has worked with their students, but he is leaving and GMER may be asked to work with those students, as well.

Currently for year 3 and 4 students, GMER has a curriculum in place to guide them in regard to what medical care they can provide, but one has not been developed for the Year 1 & 2 students. A concern is how much can and should the Medical School do with regard to the directive to students to report their international travel, Questions are once they are informed by the School that they need to report international travel, if they don't should they come before COSSS and/or are there other consequences the School should apply. There is no credit being gained by the students, the University GPSA does establish specific criteria for reporting to the University regarding international travel that don't fit with this scenario. There is disagreement as to how the criteria apply to a variety of different medical student travel plans. The Duluth MEDS course does train students as a Year 1 elective and those students who enroll are covered by the University while they travel. Dr. Hertz noted that these are currently developing issues and GMER's goal is to protect students while they are traveling, to be protective with regard to patient care for international populations and to be responsible with regard to the University's good standing. There are very specific processes to comply with for any travel to areas known to be dangerous to U.S. citizens that require signoff by both the US State Depart and University.

Dr. Howard reported that GMER is developing methods to do a qualitative assessment of what students gain. Another goal is to help to connect students to faculty global health research and also connecting students to scholarships. At some point we may have a course and require students take specific courses prior to traveling abroad. These policy and procedure issues are a priority. Students can use links to connect to the Global Tropical Medicine courses now on line. Some of the challenges are not major to accomplish; but the registration deadline for June 30<sup>th</sup> of the third year is very important. The goal is to get everyone to attend the Orientation in September and is important to making it productive for students studying internationally.

## **MMI**

Dimple Patel is requesting final approval to begin use of the MMI

- Current allows a lot of flexibility
- This may help to see the finer details of abilities
- Current interviews go in different directions
- Inconsistent interview
- Known interviewer
- Rater time is less

### **CONCERNS:**

**Q:** Do the applicants get a description of the station? **A:** Yes applicants get 3 minutes to review the synopsis of the station (posted outside the station).

**Q:** Does the standardized station format put UIM candidates at a disadvantage because they may live where there is no training service?

**A:** There is an industry that does help to prepare individuals to be interviewed through use of the MMI style models. This service falls into a category with services that prepare applicants for the MCAT and other aspects of preparation for medical school applications. Also there are numerous links to sample questions for the MMI that are readily accessible. Students who have been through this model of interviewing felt it was a positive experience. It's important to retain the personal opportunities such as lunch with current medical students

**Q:** How many free stations should be used to get at U of MN specific data?

**A:** Free stations allow for more routine questions about other general qualities; it is recommended to use 7 MMI circuit stations and two free stations, to attain a good balance.

A motion was duly made and seconded to approve implementation of the MMI with active use of the stations beginning with interviews in Fall 2016, the motion passed unanimously.

## **EPAC**

Dr. Kathleen (Betsy) Murray, MD, Director of Medical Students in Dept of Pediatrics and Undergraduate Medical Education Director for EPAC project presented an overview and update of the Program participants progress. EPAC was approved by the EC members about a year ago as a pilot project to demonstrate several areas of innovation in medical education. First is a longitudinal experience with a pediatrics focus. The second was to demonstrate the ability to advance students based upon their demonstrated levels of ability rather than time spent. EPAC accepted their inaugural class of 4 students, beginning last June and they are about three-quarters through the longitudinal curriculum. This update is to demonstrate the kinds of results they are getting with students involved in the EPAC program. Another important difference was to remove the barrier between UME and GME by accepting students into the Project during the latter half of their second year of medical school, with the promise if they continued to progress through the project they would transition seamlessly into the Pediatric Residency Program. This provided the latitude needed to make advancement decisions based on demonstrated ability rather than time spent.

Last year four applicants were accepted using an interview process that is much like the process used to select residents. This year there were eight applicants and there were four selected as next year's cohort. The core designs are the core disciplines that are covered in the 3<sup>rd</sup> & 4<sup>th</sup> year of medical school. Essentially they were used to create continuity experiences in each of those disciplines. The continuity experience in Pediatrics is a clinic that occurs weekly, the continuity experiences in the other disciplines occur every other week. There are assigned continuity experiences. This means you are in clinic with a set of providers, which is your continuity

preceptor cohort that will be with you throughout your longitudinal integrated clerkship (12 months). There is a substantial amount of unassigned time in the schedule and that time is meant to be used to track a panel of 50 patients. Students will select patients for the panel from each discipline's continuity experiences. In that panel of patients it is expected that student will continue to have encounters with those patients in the medical environment and the student is expected to track them in the different encounter episodes. The student is doing both longitudinal faculty relationships as well as longitudinal patient and family relationships. The practice meetings that take place every Friday serve for a number of activities; use as check in time with a preceptor, opportunities for small group learning and work on continuous quality improvement project, as examples.

As part of the course development students are required to use some of the unscheduled time to address their background curriculum. All of the required elements of all required clerkships have been integrated them into the EPAC curriculum. Completion of all online cases, online lectures for OB, Psychology and Surgery, all simulations, shelf exams and essentially all of the materials that are reflected as part of the curriculum across all core clerkships.

Drs. Murray and Hobday talked about the level of completion of the required background curriculum. The students have achieved a good percentage of this curriculum and they noted this portion of the integrated longitudinal curriculum is being completed at a rate much higher than was expected during the planning of the curriculum. The students' encounters with patients are being fulfilled at a higher rate than initially thought possible, which also has them moving forward in their diagnosis encounters at a good pace. The tracking system is very user friendly for both students and faculty and has led to the ability to know exactly where students are in their program. Three of the four students are at 95% completion and one is at 85% completion.

The assessment of students in terms of competency is a very large part of the EPAC pilot and is extremely important to whether this is a successful program. We base our assessment predominately on the Core Entrustable Professional Activities for Entering Residency. They choose to do mini-multi assessment format, from a student initiated aspect. Student initiate just-in-time assessments are done transparently with their preceptors at the end of every clinical encounter. In addition we do quarterly summative assessments, self - assessments and preceptor assessments on all 13 Professional Activities for Entering Residency. This is transparent for students, staff and preceptors to view. The insights gained have led to understanding more about the effectiveness of modeling behaviors and interactions with the resident cohorts to make them ready to work in a team setting at an earlier time in their development.

**Q:** Timing of USMLE Step 2 for EPAC students?

**A:** The EPAC cohorts have 12 month to complete the requirements and if a student gets to that point and isn't ready for the Exam there are elective rotations that would help them focus on the areas needing improvement. They would use this as the mechanism to be prepared to take the Step 2. Once assessment of a student deems they are ready to move on there is a transition period of three to four months and preparation and sitting for the Exam takes place during that time. This transition period also includes the Sub-I, in-patient pediatric hospitalist experience and also vacation. After these are completed they are moved on GME and their residency.

**A:** Has there been calculation of resource utilization related to the intensive process?

**Q:** The just-in-time aspect of the process is very user friendly and could be readily adapted to be used for all students' clinical experiences (use of an iPod makes it possible). The piece that will take more effort is the creation of a "clinical competency committee for all students" to make a summative assessments". The longitudinal aspect makes that more possible. The programs used for this function were developed through GME using Qualtrix and Tableau. Dr. Benson asked Drs. Hobday and Murray to consider sharing the programs for use by physicians and clerkship directors to provide the feedback to students and the faculty. They responded that they have been working on and considering how this can be accomplished.

**Next Meeting, March 15, 2016 4-5:30, B646 Mayo Bldg**