

Clinical Education Committee
January 5, 2018
Minutes

Reports

Sim Portal Update (Dr. Konia)

- Dr. Konia presented about possible opportunities with the new building Simulation Center ([see slides](#))
- Dr. Olson asked about the financial side of it, because the IERC has at times been prohibitively expensive
 - Dr. Konia said there have been many discussions about that and what they're pushing for is to create the financial structure that is more similar to SIM Portal where there is a yearly commitment from schools that are using the center instead of having it be fee-based
- Dr. Nikakhtar asked who faculty should reach out to if they wanted to do simulation, but didn't know what exactly to do
 - Dr. Konia has said they can reach out to the email listed on the [website](#)

Consent

Recommendations for Membership and Governance

- The recommendations have not been approved by Ed Council yet, but feedback has been incorporated

Discussion

Burnout and Wellbeing Discussion

- Dr. Howell gave an overview of the presentation from last time, asked for thoughts from others on what might work and what doesn't work
- Dr. Nikakhtar asked for feedback on ways to address burnout as directors
- Dr. Olson explained that the best way would be to vertically engage with the health systems as it is more challenging when students are put with burned out preceptors
- Dr. Howell asked how we educated students about what to look for in residencies with regards to burn out - this would be a critical step
- Dr. Jewison said that in the clinical setting, setting expectations can go a long way
- Dr. Nikakhtar asked if knowing expectations would be enough because sometimes the expectations are not reasonable
 - Erin Mustonen said that this was one of the things that came up when they surveyed the students in terms of picking sites that had less hours. Having the top-down view from the medical school would be helpful
 - Ali McCarter replied that the 3rd years do not know going in what their role on the team is and how they can positively contribute
 - Dr. Olson said that as he is getting feedback from intersession in which he can see the burnout - we need to do level setting as a class for expectations
 - Nicole Cairns agreed, but said it's more about role on the team
 - Dr. Hobday said it would be helpful to find sites that are doing this the best and emulate them

- Dr. Nikakhtar replied that directors could be doing a better job of collecting information about what areas are causing stress at the individual sites
- Dr. Nikakhtar asked that if there are any directors who would be interested in having more discussion about burnout during the clerkship years. He instructed that they reach out and they can set up a working group
 - Dr. Jewison volunteered

Update for Education Council meeting and Strategic Plan (Dr. Pereira)

- Dr. Pereira introduced Joe Oppedisano as the new director of Compliance and Continuous Quality Improvement
- The strategic plan has seven guiding principles attached to five year goals and over the next few months there will be specific one year goals created
 - Directors are asked to contemplate which of these guiding principles match with their passion on medical education
- Education Council update
 - Most of the conversation was around the annual state of medical education (used to be state of curriculum)
 - It uses data from curriculum, assessment, evaluation and student affairs
 - The [state of medical education](#) was approved and is publically available
 - Also talked about the strategic plan proposal and the governance documents

Clerkship Director of the Month (Dr. Ercan-Fang)

- VALUE is in its 3rd cohort of students
 - The theme is quality improvement and interprofessional education
- Quality improvement curriculum started 3 years ago
 - Developed a project bank that students could do and then paired students with project mentor
 - Some worked very well, but some were not interprofessional or did not work as envisioned
- This year they changed the way they are doing it - interprofessional team meeting monthly to vet the projects
 - Have chosen 3 projects for students to lead
 - The goal is that 100% of them would present at the national level
 - At least one of these projects is being written and submitted to a journal
- They have also started two new curriculum - palliative care and pain and EBM
 - Students already do family practice prior so they have been exposed to EBM prior to VALUE
 - Have developed curriculum that is all taught in small groups and in an experiential way - each student has an EBM mentor assigned to them
- Areas of improvement
 - They are currently piloting the EPAs, but VALUE still has to grade students
 - Students must do at least 1 EPA for every half day clinical session and must reach 3a level consistently (5-6 times) to be able to get a grade from the rotation

- The results are hit and miss - students do not have nearly as many as they should
 - Need to do more work in emphasizing and reinforcing the importance
 - Trainee overcrowding is an issue as well
 - Trying to develop protocols to assist in this, but it is still a challenge
- Dr. Nikakhtar reiterated the overcrowding issue between block and LIC clerkships
- Dr. Ramaswamy said that solutions have really been student driven where the LIC students know when the block students will be gone and have structured it around block student schedules
- Dr. Hobday added that in EPAC there is a lot of overlap with their students as well, and likes to reframe it for LIC students as a good educational shared experience for two students rather than competition for patients
- Dr. Ramaswamy said that during the 3rd year of VALUE it is becoming better known and it is easier for the residents to learn this process
- Dr. Nixon said that one of the comments that he heard from students is that figuring out how well they are doing is difficult for LIC students because they cannot compare to other students like they can on block clerkships
 - Dr. Ercan-Fang said that she can completely understand why they might feel that way
 - Dr. Hobday asked if that was unique to LIC students because she has heard that from block students as well
 - Ali McCarter said that in a way LIC students are more isolated, but she does not feel that it is unique to LICs because she felt that same way on block clerkships
 - Dr. Nikakhtar said that it goes back to being more explicit about expectation setting

Clinical Curriculum Review (Student Representatives)

- [See slides](#)
- Interactive coursework - how can CEC help support this initiative?
 - Dr. Pereira asked what the barriers would be to implementing interactive coursework
 - Dr. Hutto said that one barrier is that there is too much content in a 4 week period
 - Erin Mustonen said that Ob/Gyn does a good job of problem based learning because that is interactive. Would like to facilitate self-driven learning for students
 - Dr. Gleich asked the difference between facilitated case scenarios and the online case scenarios
 - Ali McCarter said that for the online cases they are beneficial for cases that they wouldn't see in the clinic but seem redundant when they are common things that are seen
 - Dr. Henry said that would be a great idea to have a list of topics for students to talk through with a preceptor when there is down time

- Nicole Cairns said the one thing that you miss from online cases is the physician reasoning that you get with facilitated cases
- Dr. Nelson said that this is what they are trying to do with their clerkship, but it is not going well so she would like some consultation
- Dr. Nixon asked if there were areas where students had seen this done well so that they could focus
- Nicole Cairns replied that in surgery this is done really well - suturing workshops and other things that they would really be doing on clerkships. OB/Gyn also had great problem based learning
- Dr. Jewison asked how they saw this working with non-procedural experiences
 - Nicole Cairns said that both having a list of topics or cases they can talk through with a preceptor or doing problem based learnings
- Dr. Nixon asked if physical findings rounds would also be helpful
 - Ali McCarter said that OB/Gyn, Peds and Emergency Medicine were ones that students felt they didn't have enough time on because they didn't have foundational knowledge from years 1 and 2
 - Kevin O'Donnell said that once you get to the 3rd or 4th hour of lectures after spending the day in clinic, it's challenging to focus and not productive
- High-Yield Lectures
 - Ali McCarter reiterated that students feel torn between caring for patients and passing their exams and that if lectures do not hit either, it is very challenging
 - Dr. Nixon asked if there were examples of where that wasn't the case where it was clinically relevant or relevant to the shelf
 - Nicole Cairns said that the ones who are very subspecialized and talk about things that are not clinically relevant for everyone no matter what they are going into. Lectures were also directed towards residents where the language is not as effective
 - Dr. Pereira said that this would be a good opportunity to put more specialized information into advanced selectives during the 4th year
- Emphasis on Pharmacology in Clerkships
 - Dr. Nixon assumed that students came to clerkships knowing all of the medications - he would like to get a list of the medications that they learn during first and second year
 - Dr. Nikakhtar asked if the list of medications would be good as an online resources
 - The students said yes, that would be okay as well
- Early Mentorship for MS3s and Early Elective Courses
 - Dr. Gleich said there used to be a lunch time meeting that would follow lectures where during year 1/2 directors would talk about their specialty
 - Dr. Jewison asked about the interest groups
 - Ali McCarter said that for students who are not sure what they're interested in don't know who to meet with

- Dr. Hutto said the fair would be very helpful to be able to meet with students together rather than meeting with students individually
 - Addy Irvine said that this is something on Dr. Olson's radar because student affairs have been doing specialty series but that they were very low attended
- Intern Boot-Camp
 - Dr. Pereira said that this will be a focus of the MS4 intersession weeks