



The Clinical Education Committee Minutes
Zoom/Remote Meeting
April 7, 2023, 0700-0830

MEMBERS ONLY: Please highlight your name, then click on the comment symbol on the right to add a comment to the document indicating your "approval" of these draft minutes. Thank you!

Attendance:

(x) present (-) absent (D) delegate representative (C) call in

2022-2023 Clinical Education Committee Members and Attendance											
Member	8/5	9/2	10/7	11/4	12/2	1/6	2/3	3/3	4/7	5/5	6/2
Amelia Amon , MS3 Duluth Student Representative	x	x	x	--	x	x	x	--	x		
Rami Shaker , MS3 Student Representative	x	x	--	x	--	x	--	--	x		
Riley Swenson , LIC Student Representative	--	--	--	x	--	--	--	--	--		
Malavika Suresh MS4 Student Representative	x	--	x	--	--	x	--	--	--		
Julia Lasswell MS4 Student Representative	--	--	--	--	--	--	--	--	--		
Chris Johns MS4 Student Representative	--	--	--	--	--	--	--	--	--		
Kirby Clark , RPAP/MetroPAP Director	x	--	--	x	--	x	x	x	x		
Nacide Ercan-Fang , VALUE Director	x	--	x	x	x	x	x	x	x		
Chris Fallert , Family Medicine Clerkship Director	x	--	x	x	x	x	x	x	--		
Paul Gleich , Surgical Subspecialty Director (Urology)	x	x	x	--	--	--	--	--	--		
Keith Henry , Emergency Medicine Clerkship Director	--	x	--	--	x	x	x	--	x		
Patty Hobday , EPAC Director	x	x	x	x	x	x	x	x	D		
Michael Howell , Neurology Clerkship Director	x	x	x	x	x	x	x	x	x		
Sarah Hutto , (Vice-Chair) Obstetrics, Gynecology Clerkship Director	x	x	x	x	x	x	x	x	x		
Molly Wyman , Pediatrics Clerkship Director	x	x	x	D	D	x	x	x	x		
Nersi Nikakhtar , (Chair) Internal Medicine Clerkship Director	x	x	x	x	x	x	x	x	x		
James Nixon , Process of Care Clerkship Director	x	--	x	x	x	--	x	x	x		
Johannah Scheurer , Becoming a Doctor Director	--	x	x	x	--	--	x	x			
Tseganesh Selameab , Becoming a Doctor Director	--	--	x	x	x	x	x	x	x		
Randi Lassiter , Surgery Clerkship Director	x	x	x	x	x	x	x	x	x		
Ron Reilkoff , ICU Sub-internship Clerkship Director	--	x	x	x	x	x	x	x	--		
Rachel Dahms , REACH Director	x	x	x	x	x	x	--	x	x		
Brionn Tonkin , Clinical Elective Director (Physical Medicine and Rehabilitation)	x	x	x	x	x	x	--	x	x		

Lora Wichser , Psychiatry Clerkship Director	x	x	x	x	x	x	x	x	--		
Scott McEwen/Kay Lane , Acting Internship Representative					x	x	x	x	x		
Matt Young , HELIX Director	x	x	x	x	x	x	x	x			
Matt Foehrenbacher - FLIIC	x	--	x	--	--	x	--	--	x		
Kendahl Moser-Bleil - FLIIC	--	x	x	--	x	--	x	--	x		
Non-Voting Members	8/5	9/2	10/7	11/4	12/2	1/6	2/3	3/3	4/7	5/5	6/2
Jeff Chipman , Interim Associate Dean for UME	--	x	x	X	x	x	x	x	--		
David Jewison , Assessment Committee Liaison	x	--	x	x	x	--	x	x	x		
Michael Kim , Assistant Dean for Student Affairs	x	x	x	x	x	x	x	x	--		
Betsy Murray , Assistant Dean for Curriculum	x	x	x	x	x	x	x	--	x		
Claudio Violato , Assistant Dean for Assessment and Evaluation	x	--	--	x	x	x	x	x	--		
Kevin Diebel	x	--	--	--	--	--	--	--	--		
Robin Michaels	--	--	--	--	--	--	--	--	--		
Kendra Nordgren	--	--	--	--	--	--	--	--	--		
Mark Rosenberg	x	--	x	--	--	--	--	--	--		
Ray Christensen , Rural Medicine Scholars Director, Duluth Campus Faculty Liaison	x	x	x	--	x	x	x	--	--		
Yoji Shimizu , Medical Scientist Training Program	x	--	x	x	x	x	x	--	--		

Other Attendees		
Monica Rogers	Addy Irvine	Deborah Egger
Habib Salama	Jess Blum	Majja Braaten
Joann Scozzari	Holly Proffitt	Elizabeth Bockman Eckberg
Scott Slattery	Beth Cliffe	Brian Muthyala
Elisabeth Arendt	KayLynn Breid	Ed Adams
Alexandra Behrend	Internal Medicine Clerkship	Erik Solberg
Katie Lingras	Jeremy Bydlon	Laurel Sweeney
Heidi Fods	Jessica DeVries	

Opening and Announcements

Nikakhtar

[March minutes](#) approval. Minutes were approved.

Medical School Education Committee Update

Howell

[MSEC Meeting](#) and Update

Michael Howell presented the MSEC minutes for the 3/21 meeting, The committee unanimously approved the vote for the MPact MN Health Courses Learning Objectives. Michael Kim also

presented the [MATCH report](#). Michael Kim also went through the 2022 GQ data through a gender and URIM lens. There was also a Clinical Assessment task force update:

- Reduce the number of EPA assessments from 4 to 3 a week.
- At end of rotation, students DON'T need to meet with assessor
- Re-emphasize coaching aspect, have longitudinal ACE for each student

We will have a deeper dive into the GQ report at the May CEC meeting.

Match Results

Braaten

[Presentation](#)

Match [Statistics](#)

Maija Braaten shared the Match report for this year, She stated it was one of the best Matches we have had from various sources.

- This year was the 70th anniversary of Match!
- Was a slight decrease in US seniors, down 154 and were fewer unmatched.
- 48.5 received their first rank for MD seniors.
- 3 types of programs: categorical, prelim and advanced
- 95.1% were fully matched at the beginning of the week, up from last years 93.9%
- SOAP: 8 students out of 11 unmatched went through SOAP and matched by end of week.
- 44.8% of students stayed in MN for residency this year
- 100% of couples matched
- Flex 5 option if unmatched at end of the week, delay graduation until December. Can do research, further coursework, away rotations and renew their MSPE. (100% success rate in this program)

Comment:

Are there statistics on how many students stayed in UMN Fairview systems? It is on the Match list.

DEI Faculty Development Series, Part 2

Muthyala, Lingras, Selameab

Pre-Session [Materials](#)

Brian Muthyala spoke about the materials that were sent out previously to discuss today in break-out groups and reflect the 4 questions.

Reflection Questions:

1. How did this make you feel?
2. Was there anything that was surprising?
3. Was there anything that you disagreed with or you felt was missing?
4. How does having a better understanding of the history of racism in medicine change how you may engage with the teaching of medical students?

This work is not comfortable, this is to practice. The conversation stays here and you don't need to speak if you do not want to.

Large group Discussion:

- Felt comfortable based on who was in my group, how far we have come in some ways and how far we haven't come in some ways in racism in healthcare. We are just trying to do our best to educate good humans into good doctors. Thankful that we are doing this to empower each other and students.

- Racial differences and issues are far more prominent here than I was expecting coming from the South. Things aren't as good here as I was expecting.
- We want to be good people and do the right things- constant reminder that even though we think we are doing the right thing, our bias' tie into this. Across history, many didn't think they were doing bad things...thought they were advancing medicine and doing wonderful things. Always that mindfulness of this journey.
- Power and hierarchy: inherent power structure in the medical environments and how this teaching helps us understand that if you are in power you are going to see power structures and systematic distributions of power enacted in that space. Like to romanticize physicians as helper people we have to be cautious and a bit of skepticism to enact more systemic power structures that are violent and hurtful. Flash point for enacting power over others.
- Students have lived experiences, how would this change your approach to education, especially toward patient care.
 - History of mistreatment, needs to be weaved into education
 - Important to think about how we talk about in the clinical environment- differential care of persons of color. We know our health care systems are part of differences of outcomes with different backgrounds. Do our best to have these conversations. Work with faculty to not use biases in our assessment of students and ability to mentor a student.
 - We intrinsically trust the health care system since we work in it and many don't.
 - Videos have fundamentally changed me, I used hela-cells, and advanced my career with this. As educator I will be much more reflective at the bedside and to students and also use data to find inequities. Want to be much more proactive about it.

Closing thoughts:

-Conversations like this are really important. Please reach out to us, we want to help you facilitate these discussions.

-Met again in June to talk about this

-This is just dipping our toes in, but I want us to continue to grow.

-We hope to give you tools

Annual Clerkship Review

FLIIC [ACR](#) and [Presentation](#)

Foehrenbacher, Moser-Bleil

Matt Foehrenbacher presented the FLIIC ACR. We are still new kids on the block. We are only in our 2nd class of this clerkship. We only have 4 MD students and a nurse practitioner student. We are to our knowledge the only interdisciplinary LIC in the country. The program is a large community based site, interdisciplinary leadership program.

View of Year:

- First Half: Orientation week, IM, Primary care, OB, Peds, General Surgery, whitespace.
- Second Half: continue with above clerkships, add EM, elective/surgical subspecialties, ICU acuity and interdisciplinary experiences (DM ed, PT, OT, SLP, SW, etc)
- All Year: Thursday Leadership Seminar, check-ins, student-led interdisciplinary presentations

Interprofessional Leadership Seminar:

- Stress personal aspects of leadership

- Curriculum reflective of real time clinical experiences
- Case-based integration of participant leadership styles and experiences

Inaugural year:

3 MD students

11 interdisciplinary students in Leadership Seminar

Great Match!

Highlights:

1. Students develop strong relationships and felt safe
2. Felt like they were integral part of team
3. No mistreatment

Improvements:

1. Overall organization, clarity
2. Take good from EPAs, reduce redundant work for preceptors
3. Balance flexibility, adult self-directed learning with formal checkpoints.

SMART GOALS:

- Participate in the 2024 Clarion case competition
- Schedule clerkship individual meetings at midpoint and final
- Integrate Step/Shelf prep with self-reported tracking

Comments:

- More checkpoints rather than a push at the end.
- More checkpoints throughout the year.
- EPAs, didn't meet a deadline we follow-up and make note.
- Amazing work!

2022-23 ACR [Schedule](#)

Required Clinical Encounter Procedure Review

Proffitt

[Policy](#)

Holly Proffitt presented the RCE policy. Operational procedural review, created to meet LCME elements 6.2, 8.6 and 8.7. -More about evaluation.

- 6 months from now- pull all the data, we will look (dashboard) at it as a group
- 12 months -will review annual review
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Your Duties- monitor the data, communicate with student who is not on track

Students responsibilities- log all patient encounters and record in timely manner

Alternative experiences: not able to get an experience have alternatives

