

CEPC Monthly Meeting

05.13.2019 05:00 PM - 06:30 PM

Location
MEB 1140

1. Welcome and review of the minutes from 4/8/2019

Discussion

Minutes approved

Attendance sign-in attached

 Sign in sheet.pdf

2. SCEC rep reports (YR1-4 reps)

Discussion

No students present

3. Outcome of the asynchronous vote on the Common Clerkship Policies for AY2019-20

Discussion

Approval of the AY2019-20 Clerkship Policies - asynchronous e-mail vote:

- 9 members voted to APPROVE
- 0 members voted to DEFER
- 1 member did not vote

 CEPC E-mail Vote on the Common Clerkship Policies for AY2019-10.pdf

4. PICU Director brief notification

Discussion

Dr. Arjun Chandran has already transitioned into this role replacing Dr. Hernan's interim role- CV was in the packet for the CEPC - well qualified


 PICU_2019_CVARJUNJOMTTUHSC.docx

Decision

CEPC approves Dr. Chandran as new PICU clerkship director

5. Completion of the Clerkship Phase Review – overall program outcomes

 PGO Mapping in Clerkships MC 5-13-19.pptx

 PP Presentation to CEPC 5-13-19.pptx

5.1. Residency Director Survey

Cotera, Maria

Presentation attached:

Residency Program Director Survey

- Recent increase in response rates (57% for C/O 2017)
- Majority of students rated by Program Director as "About the same as peers"
- Strongest categories;
 - This resident's standing in the program compared to others in his/her cohort (31% superior)
 - Provide an oral presentation of a clinical encounter. (31% superior)
 - Enter & discuss orders and prescriptions (25% superior)
 - Gather a history and perform a physical examination. (35% superior)
- Slight decline in % agree that MSPE accurately reflected resident's abilities (still at 78% agree)
- Areas of concern - improvements recommended
 - 2 Students were rated as being below an MS3 level student by their residency directors
 - 3 Issues accomplishing admin. task on time (medical records)
 - 3 Needs improvement fund of medical knowledge
 - 4 Not organized

Resident Survey Graduate Class of 2017

- Low response rate N=35 (42%) - although this is a rise over recent years (previously 32%)
- Generally high satisfaction across survey
- Recent low:
 - Enter and discuss orders and prescriptions
 - Give or receive a patient handover to transition care responsibility.
 - Document a clinical encounter in the patient record (dipped over last two grad classes)
 - Obtain informed consent for tests and/or procedures. (improvement with C/O 2017)
- Areas identified for improvement:
 - Not enough case management exposure
 - More autonomy and responsibility / Hands-On opportunities
 - Oral presentations
 - Not prepared to handle pt. load and paperwork
 - Pt. Orders/Documentation/Notes/ EMR
 - More motivational interviewing
 - Pt. disposition planning /Resident to Resident sign-out
 - Student observers under-utilized in SP encounters
 - Listen to students opinions (Disconnect)
 - Anatomy & Biostats could improve
 - Faculty Retention
 - MS3 Paired Clerkships•More specialty rotations

Discussion

General agreement - information worth gathering - however low response rates must be considered as a drawback for this data.

5.2. PGO Mapping

Discussion

All PGOs are covered by objectives in the third year.

"Weakest" coverage seems to be: 8.2 Demonstrate healthy coping mechanisms in response to stress and professional responsibilities.

Decision

IE planning related to PGO mapping

Coming soon...

ability to look at student progress by PGO

5.3. NBME Results

Discussion

Dr. Francis presented comparison of subject exam scores to national average by block and overall - full detail dis-aggregated by blocks on ppt attached (Slides 4-7).

Overall outcomes for AY 2017-2018 (PLFSOM overall) (*National Mean \pm SD*):

- FM (PLFSOM 74) (*Nat* 74.9 ± 8.3)
- Surgery (PLFSOM 74) (*Nat* 73.6 ± 8.2)
- IM (PLFSOM 75) (*Nat* 75.5 ± 8.8)
- Psych (PLFSOM 82) (*Nat* 81.5 ± 7.1)
- OB/Gyn (PLFSOM 77) (*Nat* 78.3 ± 7.7)
- Peds (PLFSOM 78) (*Nat* 77.3 ± 8.3)
- Neuro (PLFSOM 79) (*Nat* 79.5 ± 7.9)
- EM (PLFSOM 71) (*Nat* 71.8 ± 7.7)

PLFSOM mean slightly below national mean on all but Surgery and Psych; however well within SD.

5.4. Final Grades

Discussion

Dr. Francis Presented AY 2017-2018 Core Clerkship Final Grade Outcomes (Slides 8-9)

Family Medicine

- N=105
- Honors Eligible = 43
- Awarded Honors = 39
- Awarded Pass = 64
- PR grades = 2

Surgery

- N = 105
- Honors Eligible = 27
- Awarded Honors = 26
- Awarded Pass = 78
- PR grades = 1

Internal Medicine

- N = 103
- Honors Eligible = 34
- Awarded Honors = 34
- Awarded Pass = 68
- PR grades = 1

Psychiatry

- N = 104
- Honors Eligible = 54
- Awarded Honors = 52
- Awarded Pass = 52
- PR grades = 0

OB/GYN

- N = 108
- Honors Eligible = 29
- Awarded Honors = 28
- Awarded Pass = 75
- PR grades = 4

Pediatrics

- N = 108
- Honors Eligible = 38
- Awarded Honors = 36
- Awarded Pass = 71
- PR grades = 1

5.5. Step 2 CK

Francis, Maureen

Information low from partial year - but early outcomes tend to trend low - until whole class takes the test. Note: fall testers likely to be

off-cycle and lower performers. (Slides 10-11)

Discussion

7/1/18- 2/17/19 Partial Year

- N = 31
- # Passing 29 (94%) - National % passing (97%)
- PLFSOM Mean (229 + 17) - National Mean (242 + 16)

7/1/17- 6/30/18 Last full year results

- N = 134
- # Passing 132 (99%) - National % passing (97%)
- PLFSOM Mean (240 + 16) - National Mean (243 + 17)

5.6. EOY OSCE

Discussion

End-Of-Year OSCE AY 17-18 - complete table - Slide 12

- 84/100 - passed on first attempt; Faculty aim to be tough on first exam in order to remediate before taking Step 2 CS
- Note: ***One student failed for professionalism concerns even though he passed each of the individual components.
- All ultimately remediated and successfully passed EOY OSCE

5.7. Step 2 CS

Francis, Maureen

Notes:

Overlapping classes result in how NBME reports performance outcomes

The NBME planned on tougher standards and expected more students to fail based on unclarified expectation of the testing changes

USMLE STEP 2 CS Performance

7/1/18-1/26/19 (partial year)

- N = 37
- PLFSOM Pass = 33 (89%) [National Pass Rate = 95%]
- PLFSOM ICE Pass = 34 (92%) [National Ice Pass Rate = 96%]
- PLFSOM CIS = 36 (97%) [National CIS Pass Rate = 98%]

4 students who did not pass in partial year (7/1/18-1/26/19)

- 3 delayed taking for 5 to 6 months after EOY OSCE
- 1 took 2 months after EOY OSCE
- Suspect that the EOY OSCE would not be predictive after this delay.

7/1/17-6/30/18

- N = 121
- PLFSOM Pass = 115 (95%) [National Pass Rate = 95%]
- PLFSOM ICE Pass = 117 (97%) [National Ice Pass Rate = 96%]
- PLFSOM CIS = 118 (98%) [National CIS Pass Rate = 98%]

6 students who did not pass between 7/1/2017 and 6/30/2018

- 4 of the following 5 were identified as low performers and the 5th was on the low side - but not identified early for intervention
 - 3 failed the EOY OSCE and remediated
 - 2 passed the EOY OSCE
- 1 student was dismissed as a 4th year student before her scores were reported due to professionalism and untreated mental health issues

5.8. 2018 Procedure workshop

Discussion

2018 Procedure Workshop - Held during the end of year MS3 during May Intercession - Checks competency in the general procedures of a physician (EPA 12) (5th yr of including in curriculum)

- 90 students
- 6 stations (included average number of attempts per station)
 - Airway Mgmt - adult (1) and child (1)
 - Venipuncture (2)
 - Insertion of IV Line (2)
 - Placement of foley catheter - male (1) and female (1)
 - NG tub placement (1)

All students successfully completed workshop

- Pre- test average score: 75
- Post-test average score: 95

5.9. Clerkship Review Highlights

Discussion

Family Medicine and Surgery Block

- FM - More preceptors and selective choices continue to be needed
- FM – dip in student satisfaction in 2017-2018. Coordinator issues have been resolved. Will track closely.
- Surgery – some learning environment issues that Dr Chambers is aware of and working on improving

Pediatrics and OB/GYN

- Learning environment issues in OB/GYN with mistreatment of students and residents was discussed. Pervasive problem with residents. Culture change needed. Plan developed with OB/GYN. Need to report back to CEPC.

Internal Medicine and Psychiatry

- Noted that Psychiatry has a higher rate of honors than other clerkships
- Concerns about layout and contact listings

Sub-I and Critical Care experiences

- Challenge to meet the necessary number of spots with increasing number of students
- Sub-I feedback indicated lack of orientation on some rotations
- Timeliness of grades - no issues with MS3 or EM & Neuro clerkships
 - OB/GYN Sub I
 - 3 final grades entered after the deadline of 42 days in AY 2017-2018
 - 2 final grades entered after the deadline of 42 days YTD in AY 2018-2019
 - NICU
 - 2 final grades entered after the deadline of 42 days in AY 2017-2018
 - All entered in timely manner YTD AY 2018-2019
 - NSICU
 - All entered in a timely manner in AY 2017-2018
 - 3 entered after the deadline of 42 days YTD in AY 2018-2019

Francis, Maureen

Overall

1. Maintaining quality rotations as class size increases is a challenge
 - a. Continue to need more community faculty and sites
 - b. Especially in FM and Psychiatry
 - c. FM and Surgery need preceptors and FM needs more selective options
2. Contacts at affiliated sites:
 - a. Contacts for all of the sites are posted on canvas and not necessarily in syllabus
 - b. Students are sent detailed information by email
3. Remediation plan now that Dr Salazar is leaving
4. Faculty in each department need a shared mental model for expectations
 - a. Residents need training
 - b. Need to ensure all syllabi contain the information about residents as teachers
5. Timeliness of Grading - LCME 9.8
 - a. No issues with timeliness of grades in core required rotations.
 - b. Some issues as noted with a minority of Sub I and critical care rotations
6. Consider creating orientation videos for each of the 4th year selectives

Discussion

- Concerns about the satisfaction issues - and how this is colliding with the crunch to expand class size
- Recruitment at TM is picking up - however remember this was the plan to handle 100 students
 - We need the overall expansion of the salaried clinical faculty - there is a looming concern that we are coming up short and the satisfaction will continue to plague us
- Issues with Academic support - Dr. Janssen and Dr. Ogden discussing plan to move forward - there should be a new plan emerging

5.10. GQ outcomes

Dankovich, Robin

AAMC Medical School Gradation Questionnaire Background

- AY 2017-2018 – 141 Medical Schools Participated
- Participants are graduates from July 1, 2017-June 30, 2018
- Response Rate:
 - 82.6% response rate for PLFSOM
 - 83.0 % response rate nationally
- Survey Period February 14 – June 8, 2018
- Report Available July 2018

Overall Satisfaction 2016-2018 Trends Over Time Per Clerkship

Quality of Educational Experience - 3 Year Rolling Averages *** aggregate of Good and Excellent

- **FM - 88.2%**
 - between 60-70th percentile nationally
- **IM - 85.5%**
 - *between 10-20th percentile nationally*
- **OB/Gyn - 79.1%** (recent drop to 58.8 % in 2018 - likely related to learning environment issues addressed)
 - *between 30-40th percentile nationally*
- **PEDS - 91.6 %**
 - between 60-70th percentile nationally
- **Psych - 83.3%**
 - *between 20-30th percentile nationally*
- **Surgery - 76.67** (marked improvement over past two years)
 - *between the 10-20th percentile nationally*
- **EM - 92.5%**
- **Neuro - 59.4%** (drop from 80% w/ Class of 2017 to 59.4% with class of 2018)

Observed/Feedback Responses - 2018 GQ - % agreement

- *Were you observed taking the relevant portions of the patient history?*
 - Low performers: **OB/Gyn** (77.5%) ; **Surgery** (71.3%) and **Neuro** (68.6%)
- *Were you observed performing the relevant portions of the physical or mental status exam?*
 - Low performers: **Surgery** (77.5%) and **Neuro** (81.2%)
- *Were you provided with mid-clerkship feedback?*
 - All well above 90% with the exception of **Neuro** (85.5%)

Faculty 2016-2018 Teaching Effectiveness by Clerkship % agreement (EM not asked in GQ currently)

- Consistently over 80%
 - FM
 - IM
 - Peds
 - Psych
- Lower performers
 - Ob/Gyn - regularly slightly below 80%; but dropped below 60% in 2018
 - Surgery - marked improvement over past 3 years from about 50% to near 80%
 - Neuro - in 2016 & 2017 over 80% agreement - yet dropped to 70% in 2018
- 2018 National benchmarks - Faculty teaching effectiveness
 - Near or outpaced national benchmark: FM, IM, Peds, Psych, Surgery
 - Below national benchmarks: OB (57.6 vs. 77.7 national) & Neuro (70% vs 81.5% national)

Preparation for Residency

- I am confident that I have acquired the clinical skills required to begin a residency program. - Responses (%Agree/Strongly Agree) from GQ surveys 2014-2018

- 2014 - 97.9%
- 2015 - 78.7%
- 2016 - 85.0%
- 2017 - 84.7%
- 2018 - 87.5% [national benchmark - between 10-25th percentile]
- National Benchmarks - PLFSOM responses (%Agree/Strongly Agree) from 2018 GQ only [rank with national percentile]
 - I have the fundamental understanding of common conditions & their management in the major clinical disciplines - **92.5% [25th percentile]**
 - I have the communication skills necessary to interact with patients and health care professionals - **98.8% (50-75th percentile]**
 - I have basic skills in clinical decision making and the application of evidence based information to practice medicine - **92.5% [10-25th percentile]**
 - I have the fundamental understanding of the issues in social science of medicine. - **93.8% - [25-50th percentile]**
 - I understand the ethical and professional values that are expected of the profession - **98.8% [50-75th percentile]**
 - I believe that i am adequately prepared to care for patients from different backgrounds - **98.7% - [90th percentile]**

Overall I am satisfied with the quality of my medical education

- 2018 GQ **PLFSOM 91.4% [50-75th percentile]**
- 2016-2018 three year average **PLFSOM 93.8% [70-80th percentile]**

Discussion

 2019_Clerkship_GQ.pptx

6. Introduction to the developing 10-point plan for PLFSOM UME v2.0

Brower, Richard

We generate lots of discussion - but lack a plan how our curriculum would look going forward

Dr. Hogg, Francis and Brower are building out a 10 point plan of the PLFSOM curriculum based on the summation of discussions over time and - there are incremental steps - but not set the long term goals


The handout - is informal and is going thru iterative change

1. Retention of the highly integrated clinical presentation-based model and associated instructional week/cycle
2. Conversion of the Worked Case Example Sessions from small group discussions to Team Based Learning sessions
 - a. Deliberate and efficient use of WCE; objectives mapped more clearly; add assessment; weave in basic science, acculturation of engaging with attending,
 - b. This approach validated and WCE is highest rated experience - must address some inconsistency across sessions;
3. Conversion of the Clinical Scheme Presentation into professionally produced asynchronous learning modules
 - a. Free us from the scheduling constraints of faculty, deal with declining student attendance, more interactive, more consistent with instructional designer, cut down on variability from student perspective
4. Integration of the Firecracker platform, and development of consistent standards for session-based and weekly formative self-assessments, to expand "assessment for learning" and promote Step 1 success
 - a. Supplemental content in USMLE style questions, linked to objective set, gives us the ability to do deeper coverage on weak areas for students, peers at LBK had a positive experience with Firecracker
5. Transition of the SPM course assessment plan from a few critical unit exams to a system of scored coursework, more frequent mid-term exams, and a cumulative end-of-term final
 - a. One of the biggest changes, we are going to discuss further - already well-discussed in the Year 1/2 committee
6. Development of augmented academic performance programs to promote on-time academic progression and to facilitate the success of students requiring additional time to complete the pre-clerkship phase
 - a. Address Academic support - originally explore decelerated pathway to keep students enrolled as remediate and reset - it turns out that idea of a foundations path is not viable thanks to SAP and FA and how to fund it; what is likely to happen here - Dr. Belmares lead - take the effort and resources that would have been in this secondary pathway - divert resources into a multiple staff support and more structured system support from the faculty, and if students cannot stay enrolled - other combination of supports - access to materials, coaching, targeted plan
7. Shortening of the "Standard Path" pre-clerkship phase to three terms (coupled with shift in the clerkship and USMLE Step exam timelines)
 - a. Tighten up curriculum on focus to start clerkships, support foundational sciences, and support USMLE direction toward integrated learning
 - b. Allows students to have clerkship exposure before step 1 - may be most beneficial; adds in flexibility with an early elective opportunity for strong students; may alter structure of SARP
8. An earlier and expanded 18-month clerkship phase (concluding with a flexible 25-week testing, remediation, early elective, and scholarship block)
 - a. Added flexibility based upon student individual needs

9. Longitudinal Integrated Clerkship (LIC) Three clerkships across 6 m block - allows more of integrated threading
10. Retention of a highly modular and flexible fourth year focused on success in the transition to residency

Reference materials and statements of each point is coming; rationale and relevant reference from the literature - and talks about the feedback that supports the points - see example attach for a flavor of what is coming - distilling what we talked about - to talking points and supporting literature - briefing booklet to come out in the next few weeks

Plan will require CEPC review and approval and then go to faculty council.

 Year 1-2 comm 10-point plan CEPC 13MAY2019.pptx

7. Open forum

Discussion

Syllabus Changes for Y3:

- Clerkship presented only minor changes - prep for 19-20 - primarily flow and logistics
- OB - remove Esure from OP Log requirements - method obsolete
- most changes were logistical and administrative.
- 4th year requirements are pending and will be presented in June

Decision

No follow-up discussion - changes accepted by CEPC

8. Adjourn
