

Committee on Educational Policy and Curriculum
SUNY Downstate College of Medicine
July 25, 2017 at 5-6:30pm Conference Room 3-5 BSB

AGENDA

Invited Guests: Sheldon Landesman, Paul Harris, Steven Weiss, Stephen Wadowski, Augustine Umeozor (no show), Barry Goozner, Miriam Friedman MS4, Carlos Buitrago MS4, Soumya Rajendren MS4, Keren Marcellin MS4, Cole Murphy-Hockett MS4

Discussion Topic: Medicine and Pediatrics Sub-Internships

The AAMC published new guidelines in May 2014 to provide expectations for both learners and teachers of Medicine. These guidelines include 13 activities that all medical students should be able to perform upon entering residency, regardless of their future career specialty. They are based on emerging literature documenting a performance gap at the transition point between medical school and residency training. Medical schools are being asked to ensure that their graduates are competent in 13 core entrustable professional skills and behaviors for entering residency (CEPAER). How do our sub-internships contribute to fulfilling this expectation?

- Summary update on Medicine Sub-Internship by Sheldon Landesman
- Summary update on Pediatrics Sub-Internship by Paul Harris
- Learning objectives of rotations: Are they transmitted to students, residents and attendings, how, and by whom? Relationship to EPAs? Competency based assessments?
- Feedback from Program Directors: Are we preparing students adequately for these residency programs
- Feedback from students: Are there obstacles to achieving the learning objectives?

Committee on Education Policy and Curriculum (CEPC) Roster

Dr. Lee Eisner, Chair (Cell Biology) present
Dr. Stacy Blain (Cell Biology)
Dr. Jenny Libien (Pathology and Neurology)
Dr. Steven Ostrow (Radiology and Cell Biology) present
Dr. Rikki Ovitsh (Pediatrics) present
Dr. Bram Trauner (Medicine) present
Dr. Laura Bruno (Pediatrics)
Dr. Steven Fox (Physiology and Pharmacology)
Dr. Juan Marcos Alarcon (Pathology) present

Mr. Shane Dluzneski MS2
Mr. Omar Moussa MS3 present
Ms. Melissa Hirsch MS3 present
Mr. Abhi Amarnani MD-PhD

EPA 1: GATHER A HISTORY AND PERFORM A PHYSICAL EXAMINATION

EPA 2: PRIORITIZE A DIFFERENTIAL DIAGNOSIS FOLLOWING A CLINICAL ENCOUNTER

EPA 3: RECOMMEND AND INTERPRET COMMON DIAGNOSTIC AND SCREENING TESTS

EPA 4: ENTER AND DISCUSS ORDERS AND PRESCRIPTIONS

EPA 5: DOCUMENT A CLINICAL ENCOUNTER IN THE PATIENT RECORD

EPA 6: PROVIDE AN ORAL PRESENTATION OF A CLINICAL ENCOUNTER

EPA 7: FORM CLINICAL QUESTIONS AND RETRIEVE EVIDENCE TO ADVANCE PATIENT CARE

EPA 8: GIVE OR RECEIVE A PATIENT HANDOVER TO TRANSITION CARE RESPONSIBILITY

EPA 9: COLLABORATE AS A MEMBER OF AN INTERPROFESSIONAL TEAM

EPA 10: RECOGNIZE A PATIENT REQUIRING URGENT OR EMERGENT CARE AND INITIATE EVALUATION AND MANAGEMENT

EPA 11: OBTAIN INFORMED CONSENT FOR TESTS AND/OR PROCEDURES

EPA 12: PERFORM GENERAL PROCEDURES OF A PHYSICIAN

EPA 13: IDENTIFY SYSTEM FAILURES AND CONTRIBUTE TO A CULTURE OF SAFETY AND IMPROVEMENT

The AAMC published new guidelines in May 2014 to provide expectations for both learners and teachers of Medicine. These guidelines include 13 activities that all medical students should be able to perform upon entering residency, regardless of their future career specialty. They are based on emerging literature documenting a performance gap at the transition point between medical school and residency training. Medical schools are being asked to ensure that their graduates are competent in 13 core entrustable professional skills and behaviors for entering residency (CEPAER). All SUNY Downstate students are required in MS4 to rotate through either a Medicine or Pediatrics Sub-Internship to better prepare them for their transition to residency regardless of their future career specialty. As part of their 2017 -2018 agenda to focus more on the clinical years of the curriculum, the Curriculum and Education Policy Committee (CEPC) decided to explore the sub-internship rotations.

Questions Posed by CEPC:

- 1) Do students receive a clear and adequate description of the learning objectives and competency development that they are expected to achieve through the sub-internships?
- 2) Do attendings and residents receive a clear and adequate description of the learning objectives and competency development that students are expected to achieve through the sub-internships?
- 3) What are the students' expectations for knowledge and skill development in the sub-internships?
- 4) Is there a match between our curriculum goals of the sub-internships and those of the CEPAER? Can our sub-internships contribute more to preparing our students adequately for these EPAs?

Update by Dr. Sheldon Landesman:

- 75% of class does the Medicine sub-internship
- 30 minute orientation although some students report not having had this, objectives implied by giving students evaluation form to be completed by attending; students told to be pro-active; there are no listed objectives
- Attendings and residents told that students should carry 3-5 patients, evaluation form used to specify skill and behavior objectives
- Heavy focus by sub-internship director on grade issues; 1) grades are calendar dependent because earlier students are graded easier?, later students are often less concerned with grades? later students graded harder? later students going into surgical specialties? 2) evaluations completed by attendings who are less familiar with student's skills and knowledge despite many transitions in supervision by residents and attendings 3) pressure to give high grades to students for residency applications so 80% of class gets high pass
- Student ratings are positive

Update by Dr. Paul Harris:

- 25% of class does the Pediatrics sub-internship
- Students given link to a Pediatric blog for information and a handout with tips and information for the rotation; the evaluation form is also given to students to serve as goals for the sub-internship; there are no listed objectives
- Students told to function as interns and are supervised by interns and residents, evaluated by senior residents and attendings; students function as reporters, interpreters and managers in RIME scheme
- Student ratings are very positive
- Problem with adequate patient volume for medical students, especially during the summer
- There is no longer competition with international medical students for sub-internships

General Themes of Discussion:

- Program directors present believe that students should enter residency with most of the skills and behaviors outlined in the CEPAER so that they can focus on higher level competencies as an intern
- EPA 12 and 13 are considered unreasonable skills to expect of a medical student or entering intern

- Lack of access of medical students to EHRs to write notes or orders under their names is problematic; this skill is therefore not evaluated by residents and attendings
- Medicine and Pediatric residents from Downstate generally function adequately at the start of intern year, although behind that of international medical graduates who have advanced training
- Residents should be allowed to contribute to the final grade and evaluation of the student
- Residents could rate medical students on 13 EPAs and this should be included with the evaluation they submit to the attending within the context of a formal mandatory appointment
- Residents would benefit from better Resident as Teacher development
- There is a need for better transition of communication between multiple residents supervising a student and the attendings
- The impact of student pressure for uniformly high grades in rotations is seen by RPDs on MSPE letters, thereby nullifying usefulness of grades to select applicants from Downstate
- Vertical near peer teaching from MS2 through senior residency is an integral part of physician training; feedback and educator skills should be a part of physician training from the start

Answers to Questions Posed by the CEPC:

1) Do students receive a clear and adequate description of the learning objectives and competency development that they are expected to achieve through the sub-internships?

No, students do not receive clear, nor written statements of what skills and behaviors they should be practicing and developing and to what skill level.

2) Do attendings and residents receive a clear and adequate description of the learning objectives and competency development that students are expected to achieve through the sub-internships?

No, it does not appear that attendings and residents receive clear, nor written statements of what skills and behaviors they should teach and develop in medical students. Lack of knowledge of students Foundations curriculum may be causing attendings and residents to underestimate skills of medical students

3) What are the students' expectations for knowledge and skill development in the sub-internships?

Students expect the rotation to give them the experience of "working as an intern, but with only 3-5 patients". Students do not clearly define what that means or what skills they should be improving, nor to what skill level.

4) Is there a match between our curriculum goals for the sub-internships and those of the CEPAER? Can our sub-internships contribute more to preparing our students adequately for these EPAs?

Most of the EPAs are not expressly practiced, supervised or evaluated during the sub-internship. The difficulty of evaluating students' achievement of an EPA is acknowledged. Nevertheless, they should be more expressly incorporated into the directions given to students at the start of the sub-internship. Most students present were not familiar with the terminology and recommendations outlined by the AAMC, but even the MS3 student thought it would be immensely helpful to students to introduce these goals earlier.