

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?

Materials provided in advance of meeting:

Santen et al., Milestones for Internal Medicine Sub-Interns, AAIM 2015

<file:///Users/leeisner/Downloads/AAIM%20Santen%20et%20al%20SubInternship1.pdf>

Vu et al., The Internal Medicine Sub-Internship – Now More Important than Ever JGIM 2016

<file:///Users/leeisner/Downloads/JGIM%20Vu%20et%20al%20SubInternship2.pdf>

- 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

CEPC Report on 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). All SUNY Downstate students are required to rotate through Medicine or Pediatrics as a sub-intern 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 written 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 written 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:

- Approximately 75% of class rotates through the Medicine sub-internship
Approximately 30 minutes orientation although occasionally 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; written objectives are not distributed. [Since our meeting in July we have heard that medical students at orientation may now be provided with a with a copy of the 13 EPAs and a discussion with one of the Chiefs present.]
- Attendings and residents are told that students should function as mini-interns carrying 3-5 patients, evaluation form is used to specify skill and behavior objectives
- Heavy focus by sub-internship director on grade issues because of students' focus on grades: 1) grades are calendar dependent - earlier students are graded easier, later students are often less concerned about grades either because they are applying for surgical residencies, grades are already submitted to residency programs or already matched. 2) evaluations completed by attendings who are less familiar with student's skills and knowledge and there are often transitions in supervision by residents and attendings and 3) pressure to give high grades to students for residency applications so 80% of class gets high pass or honors in Medicine sub-internship
- Student ratings are generally positive, as indicated in the end of rotation evaluations

Update by Dr. Paul Harris:

- 25% of class rotates through the Pediatrics sub-internship
- Students are given a link to a Pediatric blog for information, a handout with tips and information for the rotation (mostly content and procedure related); the evaluation form is also given to these students to serve as goals for the sub-internship; explicit written objectives are not distributed
Students told to function as interns carrying 3-5 patients and are supervised by interns and residents, evaluated by senior residents and attendings; students function as reporters, interpreters and managers in RIME scheme. [Since our meeting in July medical students at the orientation are now provided with a with a copy of the 13 EPAs, a discussion with one of the Chiefs present as well as a handout on how to function as a sub-intern.]
- Student ratings are very positive, as indicated in the end of rotation evaluations
- Problem with adequate patient volume for medical students, especially during the summer
- Noted a change in competition for patients with international medical students during sub-internships, although he added that it caused a loss of potential good interns

General Themes of Discussion:

- Residency program directors present believe that students should enter residency with most of the skills and behaviors outlined in the CEPAER guidelines so that they can focus on achieving higher level competencies as an intern.
- EPA 12 and 13 are considered unreasonable skills to expect of a medical student or entering intern.
- Students are not currently monitored for achievement of specific entrustable EPA skills and behaviors. Perhaps evaluation forms for sub-internships could be reviewed and revised to better align competencies with specific EPA skills and behaviors deemed realistic by the program directors.

- Lack of access of medical students to EHRs to write notes or orders under their names is problematic. Attendings cannot evaluate a student's ability to write a note and no one assesses a student's ability to put in an order. (Notes written by medical students are usually submitted to residents who could evaluate their notes.)
- Residents should be allowed to contribute to the evaluations of medical students and perhaps to a percentage of the final grade for medical students on a consistent basis, although there is concern for their maturity and reliability to do this.
- Residents could evaluate medical students on 13 EPAs and this could be included with the evaluation that they submit to the attending during a proposed formal mandatory appointment with the attending.
- Residents would benefit from better Resident as Teacher development.
- There is a need for better transition of communication between multiple attendings supervising a medical student. Attendings should be encouraged to speak with students' supervising residents.
- The impact of student pressure for uniformly high grades in rotations is seen by residency program directors on MSPE letters (distribution of grades is reported on 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 of medical school.
- 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.

Answers to Questions Posed by the CEPC:

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

Students do not receive explicit written statements of what skills and behaviors they should be practicing and developing during the sub-internships and to what skill level.

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

It does not appear that attendings and residents receive explicit written statements of what skills and behaviors they should teach and develop in medical students during sub-internships. Lack of knowledge of students' Foundations curriculum skills development may further impact their teaching and expectations of sub-intern's skills. [Since our July meeting pediatric ward attendings are now provided with a copy of the 13 EPAs.]

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 are unable to clearly define what that means or what specific skills they should work on 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 supervised or evaluated during the sub-internships. The difficulty of evaluating students' achievement of each EPA is acknowledged. Nevertheless, the EPAs could be more expressly and consistently incorporated into the directions given to students at the start of the sub-internship. Most students present were not familiar with the CEPAER terminology and recommendations outlined by the AAMC, but even the MS3 student thought it would be immensely helpful to students to introduce these guidelines earlier. Both sub-internship directors are very open to improving communication between all stakeholders.

Concluding Remarks/Suggested Future Directions

- Provide clear written learning objectives to medical students, attendings and residents on what skills and behaviors students should practice and to what skill level they should aim.
- Provide clear written instructions to attendings and residents on what skills and behaviors students should practice and to what skill level they should aim.
- Consider revising evaluation forms to more closely align with the language of CEPAER.
- Improve Resident as Teacher training in supervision, feedback and evaluation of medical students.
- Increase contribution of resident evaluations to final evaluation of medical students by attendings.
- Renew the PGY-1 surveys to Downstate alumni to ask for feedback on how we could improve our MS4 curriculum to improve our students' readiness for residency.

[The sub-internship directors have already begun to make improvements regarding the first two points since the meeting.]

Appendix:

- 1) Evaluation form used in sub-internships <https://outlook.office.com/owa/?path=/attachmentlightbox>
- 2) Informal survey of sample of MS4 students
https://docs.google.com/forms/d/e/1FAIpQLSohi8pWV-ylwSIPz6CECs6mR8eDjHd76Ke9ulz_TBR2tcAxQ/viewanalytics
- 3) on EHRs Welcher et al, Academic Medicine 2017
[file:///Users/leeeisner/Downloads/Barriers to Medical Students Electronic Health.98156.pdf](file:///Users/leeeisner/Downloads/Barriers%20to%20Medical%20Students%20Electronic%20Health.98156.pdf)