To: Members of Medical Education Committee
From: David W. Nierenberg
Subject: Minutes - Meeting held Tues., May 17, 2011 - 4:00 to 5:30 pm, Borwell 758

Voting Members Present: Jessie Bay (Year 1), Matt Crowson (Year 2), Scottie Eliassen, Aniko Fejes-Toth, Tom Frandsen (Year 4), Sarah Johansen, Carolyn Koulouris (Year 2), Tim Lahey, Virginia Lyons, Dave Nierenberg, Greg Ogrinc, Laura Ostapenko (Year 3), Todd Poret, Virginia Reed, Judy Rees, and Erin Sullivan (Year 4)  
(n = 16)

Voting Members Absent: Kathleen Chaimberg, Rich Comi, Bijan Osmani (Year 1), Eric Shirley, and Jonathan Zipursky (Year 3)  
(n = 5)

Guests and Non-Voting Members: Ann Davis, Jeff DeFlavio, Raymond Finn, Diane Grollman, Ryan J. Horvath, Mikki Jaeger, Geoff Noble, Brian Reid, Jennifer Schiffman, and Kalindi Trietley.  
(n = 10)

Scheduled Meetings:

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I. Discussion and Vote on Revised Clerkship Work Hours Policy:

A. Erin Sullivan and Tom Frandsen reported that they presented the proposed revisions of the Student Work Hours Policy to the clerkship directors and received some helpful suggestions during the discussion that ensued. It was agreed that this policy needs to be:
   1. Practical;
   2. Enforceable; and
   3. Protective of students without compromising their learning.

B. The result of the discussion with the clerkship directors and the MEC membership was the revision and distillation of the policy as follows:

   All clinical rotations and electives must adhere to the medical student learning/work hour policy as follows:

   1. The frequency of on-call schedule for each clerkship will be established by the respective clerkship director, with the intent of optimizing the total educational experience for each student. No student should be on call more often than one night in three.

   2. On average, at least one 24 hour period every week will be free of all patient care and scheduled educational activities, and should be spent outside the hospital.

   3. Students must work no more than 80 hours per week in the hospital/clinic.

   4. Students must work no more than 30 consecutive hours in the hospital/clinic.

   5. If the clerkship allows, a student may switch call days during the course of the clerkship if an event of significant educational opportunity is at a time when the student is scheduled to be post-call. However, the student must complete the total number of required call nights for the clerkship.

   6. Didactic conferences for students should be scheduled so that as many students as possible can attend. Post-call students should attend required teaching conferences when they fall within the above-outlined learning/work hours. However, post-call students may need to miss some didactic conferences in order to be in compliance with these learning/work hour restrictions.

   7. On-call rooms at DHMC will be available twenty-four hours a day for post-call students wishing to take a nap prior to driving home after their nights on call, if they feel too tired to drive home safely. The Office for Clinical
Education should work with other affiliated hospitals that have night call for DMS students, and try to set up a similar arrangement for having rooms available to students during the afternoon while they are post-call.

To implement this policy, the following shall occur:

- Clerkship directors must arrange the clerkship schedule (i.e. on-call shifts, didactic sessions, etc.) to comply with this proposal.
- Clerkship directors must announce this policy to all attendings and residents who work with students (including the contact physicians at away sites).
- Clerkship directors must announce this policy at all clerkship orientations.
- The work hours policy should be easily accessible on the DMS website.
- Students will keep track of their own hours and two questions will be added to the end of clerkship survey:
  1. During this clerkship, how many weeks did you work over 80 hours? (0,1,2,3,4,5,6)
  2. During this clerkship, how many times did you work beyond 30 consecutive hours? (0,1,2,3,4,5,6,>7)
- The MEC will evaluate student work hours and re-assess enforcement of this policy in 6 months from implementation.

A motion was made to accept the policy as amended. The motion was seconded.

VOTE: The membership voted and passed unanimously the amended policy.

II. Graduates Honored:

Laura Ostapenko read a quote to honor and thank graduates Erin Sullivan and Tom Frandsen for their service to the Medical Education Committee.

III. Report on Medical Students Notes in eD-H

Matthew Crowson presented a report on the status of student notes in eD-H (see attachment). He presented the following information:

A. The AAMC dictates that, currently, the only items that students may include in the official, sanctioned note are social, family, past medical history.

B. The benefits for students to expand their participation in eD-H includes:
   1. Students would not have to wait until they graduate to “get in the game;”
2. If the students consider their notes to be just “practice,” it lends itself to passivity creeping into the exercise; and
3. If the notes are going to be scrutinized (nearly) every time, the standards will be raised.

C. The benefits for Residents/Attendings in having the students role expanded includes:
   The opportunity for more time invested so the student writes to the attending/resident’s standards, but by the end (or even half-way) of the clerkship the student should be very proficient.

D. Matthew proposed a model, currently being used in DHMC Pediatrics that might be utilized. The structure is as follows:
   1. Student starts the skeleton – completes to best of ability
   2. Resident sits down with student, goes through the note, adds/subtracts “meat from the skeleton” as needed
   3. Note becomes the “Residents Iteration”
   4. Resident Shares/Presents note to Attending – note

E. In conclusion, he put forth the following proposal:
   1. A task force be assembled, consisting of faculty members and students (goal 5-7 people) to work throughout the fall of 2011 on collaborative note modalities;
   2. A 30 minute faculty development session be provided to clerkship directors during a clerkship director meeting during the winter of 2011-2012; and
   3. An update be presented at the February MEC meeting.

IV. Report on VIG: Health Care Delivery Sciences
Greg Ogrinc reported on the vertical integration group (VIG) charged with identifying specific opportunities for DMS students to gain competency in understanding health care systems and the improvement of patient care (see attached report). These approved changes in the curriculum will begin with AY 2011-12, so most additions and changes to the curriculum will have to be in place by the end of June, 2010. Issues discussed included the following:

A. How will the course and clerkship directors be informed about the changes? How will compliance be checked?
B. Will the additions in curriculum compromise the learning of other subjects?
C. Will the additions in curriculum increase the course-load?
D. Could existing overlapping subjects be edited to compensate for the increased time?
E. How will knowledge and competency in the new areas be assessed?
F. Will course and clerkship directors (and lecturers) be ready to begin July 2011 with the new curriculum?
G. Could there be ongoing feedback to a committee to guarantee consistency in teaching?
H. Will there be a specific course director for the new curriculum?
I. How can DMS obtain consistency at all of the clerkship sites for the new curriculum?

A motion was made that the committee accept the findings of the VIG: Health Care Delivery Sciences and the plan for implementation stated within. The motion was seconded.

| VOTE: The membership voted and unanimously passed the motion. |

V. Agenda for June 21 meeting:

A. Discussion of Pass/Fail proposal for Year 2
B. Review of Ob/Gyn Clerkship (Laura Ostapenko)
C. Other business