



**Student Education Group**  
**3/4/14**  
**Minutes**

**Members not able to attend:** Emily Schloff, Caleb Seufert, Katie Anderson, Sarah Johnson, Emily Keller

**Members in attendance:** Alyson Guillet, Brian Till, Will Manning, Dylan Hershkowitz, Francesca (Franki) Boulos. Via teleconference: Bryan Brown, Jenna Arruda, Karl Kristiansen, Nick Field, Katie Anderson, Angie Palombo, Ben Clements

**Minutes by:** Brian Till

**Chairperson:** George (Bud) Vana

**Guests:** Dr. David Adams, Dr. Judy Lewis, Dr. Tania Bertsch, Dr. Dean Jeffries

Minutes from the last meeting were approved.

**Updates about mistreatment (Drs. Adams & Lewis):**

- Dr. Adams and Dr. Lewis have been leading a committee to review mistreatment policy at COM, and were invited to update SEG on their work.
- Dr. Adams gave some background on the issue of mistreatment at COM: The GC questionnaire upon graduation sponsored by AAMC has provided troubling feedback on the issue of for a number of years. The data are hard to sort because the questions have changed in the last several years, but historically the national rate of reported mistreatment on clinical rotations – witnessed or experienced – was around 17 %. COM was close to 20%. When the question was changed, 47% reported mistreatment nationally, 50% reported at COM.
- Dr. Adams said about 30% of the issue is attributed to mistreatment from faculty members on the clinical side, 30% residents to residents, 20% to nurses, and 10% from fellow medical students.
- The questionnaire last year changed a sticking point for faculty – issue of what to do when student isn't prepared. Humiliation was separated from embarrassment in the newest iteration.
- Regardless, Dr. Adams said, these results are very inconsistent with what we want the student experience to be. Dr. Adams has presented this information to a number of groups. The first response, he said, on the part of various groups he presented it to, was to suggest the data is not true. Second, the response is often to call our students entitled. Ultimately, he said, there is a sense that we need to do something about this.
- Dr. Adams said that one of the things the group has done to deal with the problem was to assemble materials educating students about what does and does not constitute mistreatment. A second issue is how to manage situations in which students experience or witness something that they consider mistreatment.
- Dr. Lewis said that one of the points that emerges is from the survey is that students don't believe they've been told about the policy. Toward satisfying that problem, a module has been developed, which is now near completion and should be ready for student input next week. Dr.

Lewis said there will be meeting during bridge week with students to discuss mistreatment and make them aware (1) this has been an issue and (2) explain reporting routes.

- They're hoping to have that cohort of students help modify the program after they complete it. They also plan to have fourth year students subsequently add input, as well as residents and faculty. The end goal is for this module to be used throughout the clerkship experience, with attending physicians, residents, and nurses completing the program.
- Dr. Lewis said a module was certainly not enough, and that they are aware that there are pockets in our medical services that have cultures that need to be improved. They are looking at other ideas on how to bring together individuals from all elements of the care team to impact the clinical environment in a positive way.
- Ben said he finds the culture at FAHC very supporting and confirmed that a very small number of individuals are likely the problem. He said that he thought those working at other sites were much more of an issue. Dr. Lewis agreed and said that when they start identifying hot spots.
- Dr. Bertsch said that this is all rally about changing culture. At Danbury, they've started a LEAP committee and have had remediation with several residents. She also noted that we've had reports of mistreatment from all sites where students do clerkships, not just the Danbury hospital.
- Ben asked where there have been the most problems
- The most is from Danbury surgery and OBGYN, Dr. Bertsch responded.
- Dr. Lewis said the questions we ask at the end of rotation strikes him as being an attestation than an opportunity to explore what had happened.
- Dr. Bertsch concurred that the questioning could be changed. Dr. Lewis said she'd be interested in a broader commentary on the learning environment. Dr. Adams said COM is way ahead of residency programs in trying to deal with these problems.
- Ben asked how we as SEG might support the project.
- Dr. Lewis said that getting students to give good feedback to the module, particularly keeping in mind that this tool that is aimed at not just medical students, but residents, faculty, and nurses, would be a large help.
- Brian asked about the volume of mistreatment complaints each year.
- Ben said 80 people last year saw the ombudsperson, half of them ended up following a reporting mechanism of some kind. Three employed an anonymous complaint. Dean Jeffries noted that his conversation with Sally Bliss, our Ombudsperson, indicated that she had many visits, but very few of them were for what could be characterized as mistreatment.

#### **Clerkship update (Dr. Bertsch):**

- Dr. Bertsch spoke about changes to the clerkship year. Starting with FAHC, Dr. Bertsch said that FAHC is expanding to Fletcher Allen Partners, which will include other healthcare providers around the state in a single ACO. Dr. Bertsch said the expansion also bolsters our relationship with the state legislature. Central Vermont Hospital has come on board as partner, as well as Plattsburgh's Champlain Valley Partner's Hospital. This has expanded opportunities for clerkship. Psychiatry has been added to Central Vermont. In Plattsburgh, students have done OBGYN and outpatient pediatrics. A family medicine residency will likely be starting there as well as of 2016.
- Dr. Bertsch said that as we expand we have to look at student housing, particularly for Plattsburgh. For OBGYN we've started sending students to Porter hospital, near Middlebury. The

expansion means more faculty is coming on board, which requires credentialing. Dr. Bertsch mentioned that many have not had teaching experience but that many are alums of COM.

- Eastern Maine medical center continues to have a relationship with COM. We've planned for them to do some pilots once the staff is now trained. There has been trouble getting evaluations back from Eastern Maine for psychiatry. The clerkship has a great deal of integration, and is otherwise fantastic, according to Ben.
- Surgery rotation changed at this location. A couple new surgeons have come on and requested teaching privileges. A breast surgeon has been credentialed and has been a positive relationship, a general surgeon is now being credentialed.
- Dr. Bertsch said 20% of the class is not advancing to the first clerkship on time this year. That has had serious implications, as the number is typically closer to 4%. Since our training sites do not have a large excess capacity, it will be a challenge to reschedule these students into the curriculum. Dr. Bertsch said that the problem is largely due to Step 1 concerns. Dr. Bertsch said that in Danbury COM is not currently scheduling students for psychiatry. Family medicine resumed in 2013 at Danbury after a one year hiatus and has gone very well. OBGYN has addressed concerns about mistreatment at the site, and complaints have cleared up. Norwalk is now partnering with Danbury, which may present opportunities for more inpatient rotations.
- Dr. Bertsch said that West Palm Beach OBGYN has been our best-rated clerkship.

#### **Elections update (Bud):**

- Bud said MCC elections have occurred. Nick Field was the only nominee for the class for the class of 2016, and will be the rep. The class of 2017 has five people applying, and the class of 2015 have had two people applying -- Michael Cunningham will be the new MCC rep for that class.
- SEG went into executive session to discuss appointment to clerkship committee.