

Foundations Patient Care Working Group  
Minutes  
July 22, 2014,

In attendance: Jan Carline, Jeanne Cawse Lucas, Kellie Engle, Erika Goldstein (telephone), Margaret Isaac (telephone), Theresa Jewell, Amanda Kost, Karen McDonough, Tom McNalley, Michael Ryan, Marj Wenrich

**Working group charge**

Michael Ryan reviewed the working group charge. The goal is to think of these three groups as a continuum over time. It is difficult to plan clinical skills, immersion and the foundation clinical experience in isolation; integration of these is essential in planning and execution.

Sarah Shirley will staff meetings, including scheduling of meetings.

**Clinical Immersion Discussion**

- Dr. Ramsey has stated clearly that a tuition increase will not be part of curriculum renewal.
- A two-week orientation/clinical Immersion will be offered at all regional sites in 2015 with the opportunity to expand in future years.

Regional campuses are concerned about their ability to recruit clinicians for a 4 week model. Regional sites could have the option of starting earlier than two weeks prior and offer an expanded orientation activities, such as wilderness medicine or team building activities. The goal for immersion is to determine what minimum requirements for all sites and present that as a package to the regional sites. They can choose to vary their models above and beyond achieving the minimum requirement.

**Discussion:**

- Orientation takes a large amount of the 2 weeks.
- One option is to use one or more of the full Wednesdays to be filled with the foundation clinical experience for orientation requirements and/or clinical skills introductory training.
- There is concern about adding more time to immersion later in the curriculum.
- It would be advantageous to know what the student schedule is and where the various clinical skills activities will fit in for planning purposes.
- It will be important to know the start date as soon as possible.
- It would be advantageous to review the goals for immersion, clinical skills and foundation clinical experience and map where everything should fit.
- There is overlap between ICM1 and chronic care but there are multiple ways to deliver content within a longitudinal experience and in the classroom. Some repetition is good.
- Some content for chronic care, such as giving bad news, may not be appropriate for students early in their education
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- Each working group member should consider what are we currently teaching, what are current gaps and what would we like to fit in.
- One goal for immersion is for students to feel comfortable in an elemental way and build excitement and community.

- Regional sites already use community building as part of orientation. This overlaps with acclimation to the culture of medicine.

### **The Planned Colleges Schedule**

College time is not included in the 4 hours per day already structured. College mornings will be on Tuesday and Thursday, with half the students on Tuesday and the other half on Thursday. Students in Term 1 (entering medical students) will have their College morning one week and Term 3 students (entering second year) will have their College morning the alternate week. The Wednesday scheduled for foundation clinical experience and clinical skills has no College contact time built in.

### **Foundation Clinical Experience p**

One option is for students to spend alternate weeks with preceptors for the foundation clinical experience and alternate week for clinical skills training that would incorporate IPE experiences, simulations and areas which are part of the ICM curriculum. This is a model that could work well. Michael's office will develop a template with this option for distribution at the next meeting.

Discussion of whether the foundation clinical experience is a clerkship or not: The goal is to have one day a week allotted between chronic care, primary care, and other clinical skills which is aligned with what is happening in the foundations curriculum. One model is for the foundation clinical experience to include panels of patients with longitudinal preceptor, and home visits in a primary care setting with exposure to chronic care.

Once there are competencies in place, we can establish order and what should be offered in immersion. Michael Ryan and Dave Harrison have been meeting frequently. Dave is passionate about behavioral medicine in the primary care setting and would appreciate the opportunity for skill building with ICM.

Capturing continuity and competencies with a preceptor for 18 month is important. Using broad topics that fit into a definition is a suggested model rather than using the language of clerkships. Competencies based on clinical skills (similar to the Colleges benchmarks) can be used in clinical settings and/or in activities with simulation. Naming the experience "foundational clinical experience" allows integration of these activities. Rigidly defining primary care will not allow enough experiences for our students; there are insufficient numbers of primary care physicians to accommodate our students. Rather, students could carry curriculum into the clinical setting with them and work in settings that are characterized by continuity of care rather than by primary care. It is important to make the foundation clinical experience more rigorous than a preceptorship. One goal of the foundation clinical experience is for students to follow patients and build relationships.

It will be important to assess whether we are achieving the goals that we set for these experiences. One approach is to begin with the goals in mind and examine what competencies we are trying to achieve and what needs to come earlier.

With the foundation clinical experience offered for a half day every other week, alternate weeks can offer traditional ICM experience.

### **Questions to explore:**

- 1) What is the total number of hours available?
- 2) What are we currently teaching in ICM 1 and 2?
- 3) What are our goals?
- 4) Develop milestones for assessment
- 5) What is required by LCME? (LCME requirements are attached to this document)

**Next steps:** Half-day retreat to review this information and develop milestones. In addition, meetings will be scheduled every other week to start.