

**Clinical Skills Work Group Meeting**  
**4:00 – 5:00pm PDT, September 30, 2014**  
**UW Health Sciences, A325**  
**Minutes**

In attendance: Amanda Kost, Karen McDonough, Jay Erickson, Erika Goldstein, Tom McNalley, Tom Greer, Lina Fearn, George Novan, Matt Hollon, Janelle Clauser, Mike Herring, Tanya Leinicke, Bob Onders, Evelyn Fenner-Dorrity, Sarah Shirley

**Call for additional agenda items:**

The regional clinical deans suggested that the clinical skills group think about job descriptions sooner rather than later

Brainstorm about how to best teach clinical skills in the new curriculum

**EPA assignment discussion:**

Prior to this meeting, group members were tasked with sorting current course content into the various EPAs. The group discussed their experiences with this EPA sorting assignment, and whether they wanted to use EPAs as a framework for the new curriculum.

Some group members felt that current content did not fit well within the structure of the EPAs, while others felt EPAs are beneficial as an organizational principle and could be beneficial in thinking about the final goals of the clinical skills curriculum.

Moving forward, the EPAs could be useful as a reference to ensure that the appropriate clinical skills content is included in the new curriculum, and a guideline by which to think about evaluation and assessment of clinical skills. The EPAs could serve as an organizing framework that will continue through the various phases, and into GME.

**How to start creating content?**

The work group was split on whether to begin planning course content by starting from the desired end point and working backward, or sequencing from beginning to end.

Some group members suggested a hybrid of these approaches, such as sequencing to short-term benchmarks (up to 2-3 months) as opposed to sequencing until the end of foundations.

Returning to the EPA assignments, the group agreed that there should be emphasis on developing content around the EPAs that pertain to the physical exam, as physical exam skills will make up the bulk of the clinical skills content.

Group members currently work on ICM I/II can work to create and sequence the content for these primary EPAs, while others can work on the additional EPAs.

**Discussion of content delivery:**

The group should also work on delivery of content – for example, would clinical skills instruction be best done through classroom learning, small or large groups, in a palliative care clinic, etc.? Determining these requirements will also assist in identifying what kind of workforce is needed in the region.

For class-based clinical skills instruction, this could be done through vodcasts, skill sessions, and then assessment through a simulation of the EPA. The overall course content should be sequenced and have continuity across lesson plans – for example, there should be a lead-up to the patient experience, and then a debrief in the subsequent class. The group will need to know what instruction is captured in immersion in order to start sequencing during the foundations phase.

With respect to the primary/chronic care clerkship, the group will need to know what kind of emphasis there is in the primary care setting. Possible settings for course content could also include home-based visits, or visits to dialysis units or a physical therapy office. Some content could also be covered in simulation sessions.

**Future content assignments:**

Amanda Kost asked that for the next month, group members continue the EPA milestone activity until the end of the October work group meetings. Group members should come up with a plan for how to teach, what milestones they expect students to meet, and what aspect of the clinical skills course the content belongs in (eg, primary care, chronic care, classroom instruction, etc.).

In November, the large group can do more work on sequencing activities, but individuals and smaller groups can begin sequencing work now.

All assignments, resources, and work will be posted to the clinical skills course development page on Canvas.

**Who will be teaching this content? What will job descriptions look like?**

Amanda presented plans for staff/faculty hiring, as discussed at a recent regional deans meeting. Dr. Michael Ryan believed that the clinical skills, immersion, and PCC position would total to a .4 FTE that could be added to a college faculty member's duties.

The group discussed whether college faculty and ICM instructors could do this work. In Spokane, it is feasible for college faculty and ICM faculty to do this work – with a ½ day college morning and a ½ day of clinical skills per week, with a 4:1 or 5:1 student to faculty ratio, this will be adequate to teach the bulk of the clinical skills content.

There was discussion around whether college faculty may also be able to serve as preceptors for the primary and chronic care clerkship components of foundations. This model hasn't been discussed with college faculty yet, and could be problematic for faculty who are hospital- or specialty-based.

Amanda Kost plans to meet with Erika Goldstein to further discuss job descriptions, and will send out a draft document for comment by the work group.

Karen McDonogh will begin a rough draft of the sequencing, and Amanda Kost will send out milestones and collect opinions on milestones.

The next clinical skills work group meeting will be on **October 21, from 4-5pm PDT in A325.**