

Clinical Skills Work Group

Meeting Information

Date: Tuesday, October 28

Time: 4 – 5 pm

Location: A325, Health Sciences

Attendance

Present: Amanda Kost, Lynne Robins, Tom Greer, Erika Goldstein, Margaret Isaac, Karen McDonough, Tom Greer, Matt Hollon, Janelle Clauser, George Novan, Tim Robinson, Tanya Leinicke, Linda Fearn

Minutes

Dr. Hollon presented on EPA 3: Recommend and interpret common diagnostic and screening tests.

Discussion:

There was discussion of incorporating principles of diagnostic testing (i.e., pre- and post-test probability, likelihood, etc.) into the clinical skills curriculum, and how best to teach it in the new curriculum. If students learned this material in advance, college faculty could potentially facilitate roleplaying simulations.

The group also discussed diagnostic testing as a way to bolster students' understanding of clinical decision-making. With this content students would be able to understand how often they consult medical literature in practice. There was some discussion about specific lesson plans, including cases around pharyngitis/strep throat.

Moving forward, MIDM (medical information for decision making) will be incorporated into the new Lifelong Learning and Scholarship threads, which will be woven throughout the phases.

The group also stressed the importance of teaching students about shared decision-making (including decision control, and at what level individual patients prefer to be involved in the decision-making process), and of health literacy. These topics could be paired together in the new curriculum.

The group emphasized the importance of incorporating content in clinical skills that would carry over to their preceptor experiences.

Dr. McDonough presented on EPA 9: Collaborate as a member of an interprofessional team.

Discussion:

There was discussion about using simulation models for this EPA, and working with other professions in clinic and clinical settings. 3 half-day simulation workshops would be appropriate to work with pharmacy and nursing students.

The group also discussed developing a tool to help students learn what MAs do in clinic. Working with MAs or PAs would provide a good opportunity for students to experience in-clinic huddling in the morning, etc. Some group members mentioned that RN shadowing should also be included in the new

curriculum, and that students also should spend time in the lab, especially during the Invaders and Defenders block.

It was also suggested that students be given a list of observations they should complete, and allow them to do this in clinic/observational settings.

Dr. Goldstein presented on EPA 13: Identify system failures and contribute to a culture of safety and improvement.

Discussion:

Discussions about incorporating aspects of safety included having students do team steps approaches, huddles, etc., in both the primary care clinic, and in the IPE exercises in simulation. It was also suggested that students be introduced to the concept of M&M conferences.

There was also discussion about incorporating quality assurance, including tracking compliance/recommended testing and treatment in the outpatient setting – such as determining whether providers have overall measures about patients meeting specific targets. The IHI (Institute for Healthcare Improvement) has good modules and ideas for these kinds of lesson plans.

Dr. McNalley presented the content in the Chronic Care Clerkship.

Discussion:

In some WWAMI sites, there is not the same concentration of specialized care for students. Instructors have created/can create online content, exercises, etc., for these students, and the content would be triggered by the patients students are seeing. Students will be able to work through content in the context of the patients they are seeing.

On alternate Wednesdays, when students are not in clinical skills, they could do other experiences individually (PT interview, etc.) and then come back to their group. This is a structure that could work well in Seattle.

There was some discussion about student presentations – senior students sometimes do case presentations, which would be helpful for other students to see. A goal of this new curriculum could be for some students to be able to give presentations at the end of Foundations.

The group discussed the future of the chronic care clerkship and its place in the new curriculum. This is to be determined.

Next Week's Meeting:

Will discuss remaining EPAs and have a presentation from Tom Greer.