

Clinical Skills Work Group

Meeting Information

Date: Tuesday, November 4

Time: 4 – 5 pm PST

Location: A325, Health Sciences

Attendance

Present: Tanya Leinicke, Matt Hollon, Janelle Clauser, George Novan, Bob Onders, Tim Robinson, Amanda Kost, Linda Fearn, Margaret Isaac, Tom Greer, Erika Goldstein, Michael Ryan, Tom McNalley, Karen McDonough

Minutes

Dr. Ryan presented on the next steps of curriculum renewal.

Dr. Ryan discussed the progress of the curriculum renewal, and introduced the course objective form, which will aid in mapping out the course content/learning objectives for each of the new blocks and threads.

Questions/Comments:

Will students have anatomy in the first block?

There will be an introduction to anatomy, though there may not be as much dissection in the first block. This content could be delivered through imaging or through online modules; for example, in the PA/MEDEX program, students do a series of online anatomy modules to begin their courses. Dr. Isaac is working with the anatomy leads to discuss having anatomy prior to the immersion. Dr. Kost is in discussion with some of the anatomy leads about how best to incorporate this content in the clinical skills curriculum.

With respect to the course objective form, how specific do the course objectives need to be? How committed do instructors need to be to these objectives?

This course form will not be set in stone – it will just help us determine how to move forward.

The work group discussed the need for regional input on the course form to help put together thoughts about space requirements, videoconferencing, etc. This work may come at a later date – Dr. Ryan reminded the group that right now, we are doing the content component of the analysis.

Drs. McDonough and Isaac will be putting together the learning objectives and schedule, and will send out to the larger group for comment.

EPA Discussion:

Drs. Goldstein and Leinicke presented on EPA 4: Enter and discuss orders and prescriptions.

Dr. Leinicke specifically mentioned the actual cost of tests that patients see, and ensuring that students know that there are options and alternatives when deciding on testing/prescriptions. For example, for renal ultrasound vs. renal CT, while both tests are effective in diagnosis, ultrasound is a much cheaper alternative and does not pose the same radiation exposure. In the same vein, students should think about medication choices and cost to patients (i.e., prescribing sepra vs. clindamycin).

The hope for this EPA is for students to understand which test/prescription to choose and why, considering low-cost options, etc.

Drs. Hollon and Fearn presented on EPA 7: Form clinical questions and retrieve evidence to advance patient care.

The main focus of term one for this EPA will be encouraging and fostering reflective practice, and for students to understand the difference between forming questions for general knowledge, and more sophisticated knowledge. At the terminal phase of foundations, there could be a focused clinical skills session where instructors can teach the foundations of MIDM, how to structure searches, as well as aspects of critical appraisal. Students could be given tools such as the branching diagram to help them approach these clinical questions.

Drs. McDonough and Novan presented on EPA 8: Give or receive a patient handover to transition care responsibility.

This EPA could be incorporated into instruction by doing an interprofessional SBAR (situation, background, assessment, recommendation) exercise with nursing or pharmacy students to work through a clinical vignette, then examine the crossover of information between these different fields. Students may also write a reflective piece on a consult note they've used in exercises.

Currently, Dr. Leinicke and UAA are working on a similar model with the nursing school. Nursing students will page medical students with a pre-written clinical vignette, then will communicate, come to a conclusion, and have a reflection/review afterwards. There is also a similar model being practiced in Spokane.

Drs. Onders presented on EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.

The group discussed how best to incorporate this information into the new curriculum in a meaningful way. This could possibly be done through several small, focused cases where students learn what things constitute urgent/emergent care and would require consultation with their resident or intern.

Drs. McNalley and Novan presented on EPA 11: Obtain informed consent for tests and/or procedures.

The group discussed the best way for students to assess how informed consent is given in their clinic experience. This EPA could also potentially be covered through video vignettes.

There was also discussion around creating an observation checklist or assignment tracker. Work group members stressed that these assignments or requirements should be meaningful and valuable to student learning.

Dr. Greer presented on the Primary Care Clinic:

The work group discussed how many hours in-clinic should be required of students, and how much time students around the region currently spend in clinic. In Seattle, UW Neighborhood Clinics may be further utilized for this experience. Many group members suggested allotting a full day to clinical activities, even if students do not spend the full day in clinic, to factor for student travel time. This will need to be discussed further in a future meeting.

Wrap Up & Next Meeting:

The group will have further discussion about IPCC requirements and faculty time. In addition, the group will take a global look at the EPA sequencing.