

Clinical Skills Work Group

Meeting Information

Date: Tuesday, November 25
Time: 4 – 5 pm PST
Location: A325, Health Sciences

Attendance

Present: Amanda Kost, Margaret Isaac, Lynne Robins, Tom McNalley, Jeanne Cawse-Lucas, Tom Greer, Letitia Reason, Erika Goldstein, Bob Onders, Linda Fearn, Mike Herring, Jay Erickson, Sarah Shirley

Minutes

Dr. Greer presented on the Introductory Primary Care and Continuity Clerkship, and went over a draft recruitment email for preceptors.

Discussion regarding the Introductory Primary Care and Continuity Clerkship:

The group discussed how the preceptorship experience will work with two students at one time. Drs. Greer and Goldstein explained how this system would work. For the first 7 of the 17 Primary Care Clerkship sessions, there will be two students at a time in the clinic. In their first term, new students would shadow the preceptor for the first 1-2 sessions with a guided observation checklist form, and then would begin working with the more senior student. The more senior student could orient the beginning student to the clinic and its structure, and also aid in teaching basic clinical skills (e.g., blood pressure). Students would work alone in clinic during their second term, and then would begin working with more junior students in the third term.

It was discussed whether hosting two students of different standing on the same day would necessitate running two ICM classes simultaneously on the same day. The group also discussed whether preceptors could host students on different days. It was decided that as long as students have equivalent preceptorship experiences across WWAMI, the individual sites can vary their structure to ensure their programs work with preceptors' and faculty's availability. In recruiting preceptors for this experience, recruiters should ask potential preceptors what they are able to offer the program, in order to better determine programmatic needs/resources. It was also proposed that the UWSOM pool resources for this clerkship online, and allow each site to determine the specific way they'd like to teach the content.

With respect to naming conventions, the name of the clerkship will remain the Introductory Primary Care and Continuity Clerkship. Its shorthand name will be the Primary Care Clerkship.

Dr. Greer requested that each site re-write the preceptor recruitment document to ensure that it is tailored to their respective site.

Drs. Kost and Onders presented on EPA 12.

Discussion regarding EPA 12:

The work group discussed how to incorporate all of the content in this EPA into the new curriculum. Instructors could teach one procedure per term at an introductory level, and could do hands-on teaching through simulation, etc.

It was also suggested that the clinical skills work group should develop guidelines for teaching procedures as part of a “best practices” document. This document could be distributed to block and thread leaders to ensure clinical skills integration into the curriculum. The document could also be shared with student interest groups.

Discussion on retreat preparation:

Margaret talked about the website as being a repository for the clinical skills curriculum and what we have here. People can look through this and the clinical skills sequence and start work on the website. Margaret will be sending out a Catalyst survey to people to see if they can present to the group, then will ask people to sign up for small groups to divide up into smaller theme areas.

Dr. Isaac discussed the clinical skills OneDrive site and the resources that have been added to the page to date. Dr. Isaac will soon be sending out a Catalyst survey in preparation for the retreat, to see what individuals can present to the group. She will also be asking group members to sign up for small group work during the retreat.

The work group will be working on goals and objectives soon. Dr. Kost has an initial set of objectives, and has begun a list of competency-based milestones that the work group will be using. Dr. Kost will be sending this draft out to the group for comment soon.

Discussion regarding college tutorials:

The group will need to discuss session planning (i.e., hospital tutorials vs. advanced clinical exam tutorials). There will also need to be a recommendation for the number of minimum required hospital tutorials. This discussion will take place at a later date.