

Clinical Education Committee
December 4, 2015
Minutes

Attendance: see last page

Announcements

Minutes were reviewed and approved.

Dr. Pereira updated the group on building the capability to recruit community preceptors. We have been working collaboratively with the MMA to identify ways in which we can support community preceptors. Focusing on community preceptor appreciation. Working on faculty development tools for community preceptors. Working with the library to figure out what we can give to faculty with adjunct status. We will pilot some tracking methods so we know the names of the individual preceptors who are precepting our students. FMCH will pilot a way in which the students will track in MEdIS who they work with on a session basis. That way we can send thank you letters to the correct faculty. Anyone who has a large amount of ambulatory care with community preceptors, please reach out to Dr. Pereira to talk about this. Increasingly the community preceptors are having increasing demands from their health systems. Want to be able to show our appreciation and support.

Updates

Dr. Pereira explained that workgroups have been working over the last year to work on certain areas that are gaps in the curriculum. These areas will help the students be successful for residency. Reports were presented to Education Council this month and were approved to be put into the curriculum. Want to think about where this content already exists in the clerkships and then where we can infuse more into the curriculum. A substantial amount of this belongs in the clinical arena. These groups will then come to each of the clerkships individually to find out where the content can be put in.

Discussion

Workgroups

Quality Improvement/Patient Safety – Dr. Satin

-See slides and handouts

Dr. Jewison expressed the concern on length of the clerkships to be able to put it in.

Dr. Prunuske talked about compliance and legal issues. Can they access the things that they need to. If you want something valuable the students need to be able to access big data.

Dr. Satin expressed that this was a more challenging thing than we thought it would be. There are legal issues that they will be working through.

Dr. Kim said that internal medicine M & M is open to the public. Also include 360 reflections with others from interdisciplinary teams.

Dr. Satin talked about possibly making all of the M & M's de-identified, but he wants to try to get as close to what they are already doing so that they see what doctors are actually doing. That is what will make that stick. The passport can be a "triple-dip". Students can get into an M & M, meet docs in that specialty and get involved in QI/PS that these doctors are already doing.

Dr. Fiol asked about time allotment. Wanted to understand what percentage of clerkship time will be devoted to it.

Dr. Satin said that it is 0% right now. The curriculum will be mostly in first and second year right now, but may move to third and fourth year. Don't have a current plan to make it part of the clerkship curriculum officially. The curriculum cannot be site-specific, but it has to be covered on every single student. Medicine is already doing some QI, but he wants to standardize that.

Public Health/ Health Policy – Dr. Power

-see slides and handouts

Dr. Fiol was concerned that he doesn't understand how to integrate into his didactics in neurology. Would it be wise to include a tutorial in health policy?

Dr. Power said just to increase the awareness is important. If looking at a clinical case it might be helpful to just be able to ask about public health outcomes or health policy outcomes. Want to figure out if there are natural and authentic experiences within the clerkship already where we can enhance it.

Dr. Chipman added that it may vary between clerkships and sites. Some sites lend themselves better to this type of work.

Dr. Power said that interpreting the medical literature would be a good opportunity to add it in regardless of site.

Reminding students to go back to some sources in year one might also help.

Dr. Henry asked about an opportunity to integrate this with QI and integrate it throughout the years.

Dr. Power said there is a lot of overlap and that it might be good to pull out one in some areas or others, but they could definitely overlap. Dr. Jewison agreed.

Dr. Henry thought about a public health instance that could be integrated throughout all four years, e.g. seat-belt use.

He thinks this could be easily integrated throughout their whole four years.

Dr. Murray explained that the first and second year are to provide a foundation and the 3rd and 4th year are to provide a catalog of opportunities that they can experience and give them opportunities to do this many times. They could select them due to their interest. Could then review the catalog annually to make sure they are still happening and would be good for students.

Dr. Prunke asked about core competencies for each of these areas. Might be hard to be able to complete a project while in a clerkship especially the small ones. Instead, would it be possible to get the competencies and thread them throughout the four years rather than trying to do a QI or Health Policy project. Want more longitudinal experiences rather than blocks.

Interprofessional Education – Dr. Roth

-see slides and handouts

Dr. Pereira talked about having an interprofessional team working on a QI project on public health and health policy.

Longitudinal Integrated Clerkships

VALUE

-see slides

Dr. Fiol asked how they plan to get metrics on the progress of students.

Dr. Candy talked about shelf exam scores for each discipline, Step 2 Scores and residency placements. There is a lot of data about longitudinal integrated clerkships on how students do just as well if not better than traditional students

EPAC

-see slides and handouts