

Clerkship Directors Committee Minutes – November 17, 2017

Members Present: Drs. Nidhi Handoo (Chair), Tad Mabry, Terry J. Lindquist, Saulo Sousa Melo, William J. Synan, Justine L. Kolker, Bruno Das Neves Cavalcanti, Sherry R. Timmons, Paula Weistroffer, David C. Holmes, Lily T. Garcia, Theo Katsaros, Prof. Marsha Cunningham-Ford, Ms. Joni Yoder, Ms. Michelle Krupp, Emillie Brandt (D4) and Brittanie Lucas (D3)

Absent: Drs. David M. Bohnenkamp, Ronald Elvers, John Warren, Mike Kanellis, Ms. Becky Todd and Katherine Sislow (D3)

Meeting called to order at 12:06pm.

I. **Approval of September 22, 2017 and October 27, 2017 minutes** – Dr. Handoo

MOTION: to approve the September 22, 2017 minutes as amended. Motion seconded.

MOTION APPROVED.

MOTION: to approve the October 27, 2017 minutes as submitted. Motion seconded.

It was noted that the D2 PCD clinic also has a standard of care audit. The charge of this committee is intended to focus on D3 Clerkships.

MOTION APPROVED.

II. **P.A.S.S. – Documentation** – Dr. Handoo

A. "P.A.S.S." – Clerkship directors are requested to provide evaluation forms and/or rubrics for each P.A.S.S.

- Michelle Krupp spoke on how to answer clerkship-focused questions at the CODA Site Visit. She suggested the following: Does your P.A.S.S. accurately assess what you're teaching? Does your assessment accurately test your P.A.S.S.?

B. The Office for Education will be collecting the assessment forms related to the P.A.S.S. as well as any other evaluation forms in your clerkship. Each evaluation should have a rubric that clearly identifies critical errors. Each clerkship must submit the following information:

- number of attempts & completion rates for each P.A.S.S., for the past three years
- Remediation plans (individualized and reassessed) (examples of remediation should be provided, but redact the student's name.
- Rubrics that assess each P.A.S.S. and include critical errors

C. The self-study will be posted on the shared drive the first week of December. Michelle Krupp will email the link. Future editing process will be discussed at a later time.

D. Drs. Garcia and Holmes had a mock CODA prep session with the clerkship directors. Due to our unique curriculum – the Clerkship clinical education model, the CoD has to show the site visitors how our curriculum works. Students acquire

all their skill sets in D3 and integrate the skill sets in the context of comprehensive care in D4.

ACTION ITEM: Office for Education will be collecting P.A.S.S. documentation.

Future agenda item: P.A.S.S. tracking in AxiUm. Joni Yoder can demonstrate use of this tracking mechanism; schedule after the Mock Site Visit.

III. **Concept of clinical “observation” opportunities for D2 – WG** – Dr. Handoo

The concept of clinical “observation” opportunities for D2 students was previously done during IPE when Dr. Paula Weistroffer was in charge of it. At the end of the D2 year, students shadowed a few of the clerkships. Potential issues noted: not enough patients and timing for observation; students could benefit from this type of activity. It was noted that the class could be assigned to “groups”; each group could shadow in two clerkships each. OD and radiology already have their D2 students shadow their clerkship. The committee was open to the idea; however, it was noted that the shadowing cannot encroach nor overlap the curriculum.

ACTION ITEM: consider concept of clinical “observation” opportunities for D2 – WG

IV. **Patient Vitals – Start Check** – Drs. Handoo and Garcia

A. The clerkship directors were asked who takes patient vitals for each patient.

- OD, Endo and OMFS take vitals – pulse and blood pressure at every appointment, for all patients.
- Pedro takes height and weight at every appointment, and blood pressure if the patient is over 13 y.o. If the patient has a history of blood pressure issues it is also taken, regardless of age.
- Perio and PCD take blood pressure at every appointment.
- Operative takes blood pressure only if there is a previous medical history or it has been a while since it was taken.
- Pros takes the patient’s blood pressure every initial visit, if anesthesia is needed, or if the patient has a medical history of blood pressure issues.

B. One suggestion was made to have students record patient vitals – including blood pressure, at every visit. Too many inconsistencies exist throughout the clerkships.

C. Joni Yoder informed the committee that students don’t clearly understand how to fill out the health record, due to inconsistencies between the clerkships.

ACTION ITEM: address recoding patient vitals at each visit and the need for consistency in completing a patient’s health record

Next Meeting: **December 22, 2017**

Minutes recorded: Ms. Lauren Moniot