

Members Present: Drs. Bruno Cavalcanti (Chair), Carolina Cucco, Gregory A. Farris, Matthew K. Geneser, John Hellstein, Ms. Becky Todd, Justine L. Kolker, William J. Synan, , DC Holmes, Michelle Krupp, Megumi Williamson, Brian Howe, Terry J. Lindquist, Ms. Joni Yoder, Mr. Tanner Brolsma (D4), Ms. Kacie Dillow (D3)

Absent: Drs. John Syrbu, Trishul Allareddy, Sherry R. Timmons

Guests: Dr. Boonsiriphanth

Meeting called to order at 12:07 p.m.

- I. **Approval of November 15, 2019 minutes** – Dr. Cavalcanti
MOTION: to approve the November 15, 2019 minutes as submitted. Motion seconded.
MOTION APPROVED
- II. **Oral Diagnosis Referrals** – Dr. Farris (Handout & Presentation)
Dr. Farris provided a handout to committee members detailing general guidelines on how internal referrals are handled in the OD clinic.
 - OD has two levels of patients – referred to as level A and level B.
 - Level A patients are relatively simple with less complex medical histories.
 - Level B patients are more complex with more complex medical histories.
 - The first few weeks of super block, students in the OD clinic typically see level A patients, due to the following:
 - Longer appointments.
 - Multiple appointments needed
 - Challenging patient management.
 - Students can become overwhelmed at this stage in their education.
 - Many internal referral patients coming in are slotted as OD level A patients, but aren't.
 - Annual recalibration is done with the admissions staff regarding what qualifies a patient as level A or level B.
 - Patients with recent history of treatment in the FAMD clinic, should return to FAMD.
 - If faculty identifies patients' needs but patient is not appropriate for OD, then patient should be sent to FAMD.

Be mindful of external, limited care referrals.

 - Respect the external referrals to CoD for limited care where the patient plans to return to their regular provider.
 - Does the regular provider acknowledge and assume responsibility for the patients other needs? Or is the CoD assuming responsibility?

- If patient wants to establish care at the CoD, the patient should have a comprehensive exam.

III. **Discussion: Digital Daily Evaluations** – Dr. Cavalcanti

Some clerkships have moved from paper evaluations, which are more difficult to track, to using Axiom. Dr. Cavalcanti requested feedback on how Axiom is working for other clerkships.

- Dr. Holmes discussed how FAMD uses Faculty Access, a module of Axiom that is accessed via a separate pathway. Shortcuts were placed on the computers in the teaching station and on some FAMD faculty desktops. The faculty receive a watch list populated based on the most current information in the system, such as what faculty is assigned to which group of students, what students are assigned to which patients. At the end of each session, the faculty can input the daily feedback on the students. Students can then also go in Axiom and receive real time feedback from the faculty. The Faculty Access system is used in FAMD as a coaching and feedback mechanism.

Mr. Jerry Gehling pulls a report from Faculty Access for FAMD. FAMD group leaders have formal meetings with each student every 10 weeks to review the feedback with the student. FAMD also has quarterly triangulation sessions with all faculty that work with students.

The committee has agreed that it would be good to request a demonstration of the Faculty Access system from Mr. Jerry Gehling.

- Dr. Kolker commented that OPER uses the Axiom evaluation system. Faculty swipes the code, has the patient leave and then can find the evaluation and fill it out. This system is hard as a director to get all the faculty feedback comments.

IV. **ENDO Snapshot Experience** – Drs. Cucco & Cavalcanti (Presentation)

Dr. Cucco thanked Dr. Krupp for the initiative of the Snapshot for Student Success. Prior to the Snapshot mechanism, ENDO faculty had slow and long meetings to discuss each student in the clerkships, did not have enough time to discuss important cases and CAPP letters were based solely on number of completed cases and critical errors.

The attached presentation shows how ENDO utilized the Snapshot mechanism within their department. An "X" on a specific domain represents a faculty comment regarding a student.

Since utilizing the Snapshot mechanism, ENDO midterm meetings are shorter and more organized. Focusing on the domains has made feedback clearer and less subjective. Faculty schedules meetings with all students who receive letters to the CAPP committee as those students are more at risk for failing the clerkship. Faculty calibration is important. Some faculty comments require a discussion with the faculty, not the student.

Dr. Krupp commented that ENDO has presented a great application of how to use the Snapshot mechanism. Intervention, alignment and calibration are key components.

V. **Roundtable** – Committee Members

- Ms. Joni Yoder brought up how last year at the block change in February, Tuesday mornings were prioritized for return times for the first 6 weeks. This was done to allow for D3 students to return to PROS, PERI or ENDO to complete clinics

without using as many returns during the normal Monday through Friday clinic times. It needs to be decided soon, if the CoD would like to do the same thing this year. Directors may know if this is needed by the end of next week.

- Dr. Lindquist will be starting as the new IDASP Director. Dr. Boonsiriphand and Dr. Al-Salihi will be taking over as PROS Clerkship Directors.

Next Meeting: February 24, 2020

Minutes recorded: Ms. Brenda Selck