

Doctoring Committee
January 14, 2008
Minutes

Present:

Mary Aiello, MS
Jason French, MD
Susan Hingle, MD
Rebecca Hoffman, MD
Debra Klamen, MD, MHPE
Valerie Mazzocco Roth, MS 2
Nancy McCann-Stone, MA
Sarah Meredith, MA

Gary Rull, MD
Ross Silverman, JD, MPH
Chris Slater, MS 1
Christine Waller, MS 4
Mattie White, MD

Absent:

Gabriele Hoffman, PA, MEd
Colleen Johnson, MD
Adam McLaughlin, MS 3
Wes McNeese, MD
Victoria Nichols-Johnson, MD
Sherri Robinson, PhD
Tracey Smith, RNC, MS

MINUTES

The January 14, 2008 meeting of the Doctoring Committee was called to order at 3:05 PM by Dr. Rull.

1.0 Review of Minutes

- 1.1** The minutes of the October 15, 2007 meeting were reviewed and approved pending clerical corrections. Under 4.2 HII revise to "no major concerns" revise 2.1 from Christ Slater to Chris Slater. Need a friendly amendment to read the minutes for grammar. The grammar corrections were made.

2.0 Announcements/Report

- 2.1** There is a new Year 3 student representative, Adam McLaughlin. He is not here today
- 2.2** Deb Klamen, MD announced upcoming speakers for the Academy for Scholarship in Education – Faculty Development Series
- 2.2.1** **FEBRUARY 26, 2008** - **Shirley McGlinn**, Instructor in SIUC's Medical/Dental Education Preparatory Program (MEDPREP) will present at **noon in the Telehealth Conference Room/1252 at 913 N. Rutledge with VC to Wheeler 104**. She will address the topic of "Fostering Professionalism in an Academic Environment."
- 2.2.2** **MARCH 11, 2008**
Jon Bowermaster PhD, Clinical Assistant Professor for the Department of Human Resource Education at University of Illinois, Urbana- Champaign will present on the topic of "Leadership". Presentation will take place at **noon in the Telehealth Conference Room/1252 at 913 N. Rutledge with VC to Lindegren 310**.
- 2.2.3** **APRIL 28, 2008**
Michael Kim, MD from SIU School of Medicine, Department of Surgery will present from **4:30 pm until 5:30 pm in the Dirksen Conference Room/4th Floor in the 801 Building with VC connection to Lindegren 310**. Topic yet to be determined.
- 2.2.4** **MAY 16, 2008**
The Academy for Scholarship in Education, co-sponsored with Pediatric's is offering a half day workshop from **9:30 am until 12:30 pm in the SCLP Conference Room at 825 N. Rutledge, Rm 3690**. Lunch will be provided. Presentation will be given by **Dr. Gregory Northcraft**, Professor of Business Administration and Harry J. Gray Professor of Executive Leadership at UIUC on the topic of "Negotiation and Conflict Management". Registration is not yet open, but will be required as space is limited.

3.0 Geriatric Initiative

The Y2 and one of the Y3 sessions are complete. The committee reviewed the feedback from both sessions. The date for the Y1 session has been narrowed down to April 29, 2008. The Y4 session will be March 3, 2008 and the second Y3 session will be March 14, 2008. Dr. White asked for an overview of the sessions. Dr. Rull described and summarized both sessions. The Y3 multidisciplinary session focuses on falls, decline, physical therapy and occupational therapy. There are many demonstrations throughout the Y3 session.

Doctoring was pleased with the Y2 feedback. This was one of the more successful activities of the Aging Across the Curriculum program. No major changes are planned. "I love the old people!" was a particularly favorite comment. The Y3 comments were not as favorable and the numbers are lower. Faculty made changes based on student feedback. No additional changes will be made until after the March session. In Y3, students are pulled from their Surgery/Medicine clerkships. Any comments? Christine Waller, MS 4, was happy to be pulled out of her clerkship. Doctoring has checked with Medicine and Surgery and no one has seen such an in-depth activity of physical therapy and occupational therapy. It was commented that anecdotally, feedback from the Class of 2009 seems to be less favorable in general. Of note, Dr. Hingle has taken part of the curriculum and added it to the Internal Medicine residency. The residents think this is very worthwhile. Dr. White agreed and wondered if the student comments were a little naive. No matter what field a student enters, it will involve older patients. Ms. Waller agrees and feels the students do not get it. This activity is part of the grant Geriatrics received.

4.0 Curriculum Reports

4.1 Year One Doctoring: Dr. White reported things are going well in Y1. They recently had an SP screening of 80 respondents, things are on course. Just finished screening 20 patients this morning and more are coming in tomorrow.

4.2 Year Two Doctoring: Students just completed the CRR unit. Students did well from a Doctoring standpoint. From an MCQ standpoint, students are on target. The mentor issue continues to be a problem, despite decreasing the number of required hours to half. The mentors are finding it to be a challenge to work/have two students at a time. The CAM sessions are running well. Jason French, MD is a CAM leader and has approximately ten students per group. In the current unit, Neuromuscular Behavior (NMB), the CAM sessions focus on the fundoscopic exam and delivering bad news. Dr. Rull feels the CAM groups are too big. Both Dr. Rull and Dr. French agreed that some students seem disinterested. For example, when doing the ear exam students stared at Dr. French and wondered why they needed to perform the ear exam when they learned it in Carbondale. This is done to give students opportunities to practice. It was also noted that the redundancy is planned so that history and exam skills are reinforced. Dr. Hingle, who has substituted as a CAM, commented that the students do not appreciate all the pathology that can be identified via certain exams and that they don't understand the importance of becoming proficient at identifying normal and abnormal findings.

The faculty may consider fine tuning the objectives. Dr. Hingle noted some of the Internal Medicine residents voiced some interest in teaching. She asked the group to consider adding residents as group leaders. Dr. Klamen would be happy to facilitate a primer on small group teaching. Valerie Mazzocco Roth, Class of 2010, reported students really liked the Radiology sessions. Some students feel some of the sessions are somewhat disorganized. Some students like that these are scheduled and do not have to worry about scheduling another activity. Keep in mind the CAM sessions are new and the committee is continually reassessing them so that they are valuable educational sessions. They are open to additional feedback. Other comments: (a) Dr. Rull thinks this would be better if the groups were much smaller, i.e. 4-5 students; (b) watching someone doing is boring, but actually doing on each other is more worthwhile; (c) establish "best practices," and use it in a way that best teaches the students; (d) having more operational objectives so that the facilitator and students are absolutely clear about the goals and expectations of the sessions.

4.3 Year Three Doctoring: Ross Silverman, JD, is currently working on the second iteration of the Y3 Doctoring Unit. This current group of students is markedly different than the first group of students. These students completed their short clerkships and this group has been really engaged and asking questions. Scoring from the first group is still ongoing.

4.4 Year Four Doctoring: Ross Silverman, JD, is in the planning stages of Y4 Doctoring. Two outside speakers will be coming in: Carolyn Clancy (will discuss health law) and SIU Chancellor Traveno.

5.0 Student Report

5.1 Valerie Mazzocco Roth, Class of 2010, reported student representatives met with the Pharmacology Department to learn when to use different types of drugs. Pharmacology responded by stating this was a Doctoring issue. Dr. Hingle thinks this is premature for second year medical students and thinks the students will learn more in their third year. Dr. Klamen mentioned EPC discussed when to use drugs for pain management. Dr. Rull reported that on the Y2 CCX management sections they are generally just looking for class of medication rather than a specific drug. Hence, his opinion was that more sophisticated pharmacologic knowledge will be acquired in Years 3 & 4. Dr. White suggested offering a lecture on how drugs are selected more generally. Dr. Rull will touch base with Dr. Faingold and share the student concerns. Also, students wondered if it is possible to have one H&P reviewed by the mentor instead of all. Dr. Rull would like the student to contact him personally. Dr. Hingle believes it is still important to have these reviewed by the mentors. Some feel the mentor does not read it, they just sign it. However, based on what has been turned in previously, this appears to be the exception and not the rule.

6.0 PACs/2 hour session

6.1 Patient Safety PAC Feedback

The Patient Safety PAC was not changed from previous years. Comments were not as helpful as last year. Ross Silverman reported there were only 22 responses. Students only seem to pay attention to the one concept. Ross Silverman noted maybe they need to make the purpose and importance of the session more clear to the students. Students feel the data is old. This is a 15 year old study. Perhaps faculty is not delivering enough information. Dr. Rull asked for a summary of the PAC session. The half day session begins with a few introductory sessions. Dr. Francis gives history and information on quality care. Ross Silverman discusses the legal aspects of patient safety followed by a role-play session. Each student plays a specific role. One is a fellow, a chief resident, etc. and they go through a risk management process to prevent future problems. Then they talk to a family member. The PAC ends with a large group debriefing session. Students tend to like being put on the spot in a safe environment. This has been done for the past four years. Ross Silverman stated if the session was done again the same way he would be fine with it. Dr. Hingle liked it and if anything were improved it would be the feedback/debriefing session.

It may be interesting to have different groups do different topics. Valerie Mazzocco Roth preferred the elder care session. In regard to the Patient Safety PAC, she would have liked to talk to someone who was a near miss. Dr. Klamen thinks it would be beneficial to do both the role play and the testimonial. Dr. Hingle offered the session she did for residents on patient safety. She described the session, both the patient and system benefited by the medical error. The system was broken and it was improved. Dr. Klamen described an icebreaker she did in Chicago. Small groups discussed patient safety issues that happened to them. This may be an interesting exercise. Dr. Klamen believes this is a powerful PAC. Christine Waller played a role as a family member, she thought her group did well.

7.0 Other Business

Dr. White summarized the article "An Evidence-Based Perspective on Greetings in Medical Encounters." Little data exists on appropriate greetings. She described the methods used. The article suggested drop "Dr." when introducing oneself. According to the article, there are several types of patients out there. Many want the doctor to be referred to as Doctor and others want to be on a first name/last name basis. It depends on the patient. More African-Americans want to be referred to as Ms., Mr., or Mrs. than non-African Americans.

Comments from the committee members were then obtained. Ross Silverman thought it was an interesting study. He also thought the question of rank was interesting. In South Carolina, people must introduce with rank. Regarding the handshake, patients may take issue with handwashing. Dr. Hingle instructs students to use hand sanitizers then shake the patient's hand. Dr. Rull thought the issue of the physician introducing himself/herself with/without title was interesting. Use of the patient's first and last name with the physician doing the same seems to "level the playing field." Dr. Hingle found it interesting that only one asked the patient how they preferred to be called. Dr. White thought it was interesting when the doctor asked what they wanted to be called due to the number of name options in the chart. It is interesting whether to claim or not claim your rank. Dr. White has a male nurse and some of her patients are convinced he is the doctor. It was also pointed out how sometimes a female physician often gets inaccurately addressed as a nurse. Several of the committee members offered comments on how they handle this issue. Dr. Klamen noted in Psychiatry there is more of a need for the patient to be called by their first and last name. She almost always refers to herself as Dr. Klamen.

In general, Dr. Rull and the committee felt our students do a good job introducing themselves to patients and there are no plans at present to change the way this is formally taught.

8.0 Next Doctoring Committee Meeting

8.1 Monday, March 17, 2008