

Minutes

Doctoring Retreat Minutes 2009

Tuesday, June 16, 2009

9:00 am – 12:00 pm

Dirksen – 801 N. Rutledge, Springfield



Present:

Gary Rull, MD
Sue Hingle, MD
Mary Aiello, MA
Brenda Yale, RN, MS
Carolyn Holmes, RN, MSN
Cheryl Ashburn, RN, MSN
Karen Reynolds, RN, MS
Leslie Montgomery, RN, MS, CCRN
Julie Varns, RN, MSN
Deb Klamen, MD, MHPE

Sharon Smaga, MD
Mattie White, MD
Cris Anderson, MD
Gaby Hoffmann, PA, MSED
Molly Johnson, RN

Absent:

Susan Beattie RN – ill

1. Overview of Doctoring activities in Y1-4.

- a) Y1 – Mattie White discussed that clinical sessions are held once weekly for one hour to introduce and practice new history and exam skills in small groups. There is a mid unit as well as end of unit CCX exam. Students are required to pass at least one CCX per unit. Each unit, one H&P is required after an SP encounter. One OCP is required each unit. HTT is done at the end of the year and requires an 80% to pass. The focus in Y1 is on learning normals.
- Gary Rull stated he would favor teaching a more comprehensive physical exam in Y1 as opposed to the screening HTT exam that is geared to a patient with no presenting problems and includes only core exam skills. Organ system exams would be beneficial.
- Sue stated that students tend to memorize the HTT. Exams need to fit the complaint.
- Deb Klamen stated that exams should be taught in the context of the symptoms in PBLM.
- Molly Johnson requested a list of the additional exams to ensure consistency in teaching the students.
- Gary stated that organ based exam gold standards have been developed. Leslie will send to the Carbondale group.
- Chris Anderson stated that Bates is the key reference used. Sue stated there is a list of references provided to students at the beginning of Y2.
- Gary requested that Y1 communicate with the students that the purpose of the HTT is for screening of a patient with no complaints and that the goal is to help ensure that students can complete a standardized PE before graduation. He requested that it be deemphasized and kept at the end of the year and that organ based education be done throughout the year with expanded exams. The goal in Y1 would be to talk about related exam skills at the opening of PBLM's and have clinical skills objectives and specific skills for each. Deb stated that Y1 PHP should draw a parallel between lab tests and expanded physical exam.
- b) Y2 – Gary stated there is no dedicated day as in Y1. There is a week devoted in August to reinforcing and expanding basic history and exam skills including the MGR, breast and pelvic exams not taught in Y1. Each unit has a clinical faculty and basic scientist director. The clinical faculty provides practice exam skills during the unit. There are 2 PBLM cases per unit, Physician Attitude and Conduct (PAC) sessions, Doctoring sessions, Clinical Activities Mentor (CAM) activities and Mentor Clinics (44 hours) required in Y2. Each unit has other activities that expose the students to positive findings. For example,

CRR included a Cardiac Patient Day during which the students go to clinic and see patients with faculty to learn about abnormal heart tones, etc. In NMB there is a Patient Psych Day during which students see actual patients in the PDL. In ERG there are clinical selectives that students attend in various clinical settings. There are 3 CCX cases at the end of each unit as well as 3-4 OSCE's. Students need to pass 2 of 3 CCX's to pass. Passing 1 of 3 produces a "concerns" and passing 0 of 3 an "unsatisfactory".

- c) Y3 – The LCME defines what cases in what setting and what types of exams need to be accomplished in each clerkship. Physical exam skills are observed during clerkships and in the comprehensive exams.

2. Nurse Educator Roles

Karen Reynolds informed the group how the Y2 NE's assist in the curriculum. They work closely with the chairs to develop the unit calendar. They write and review EPBLM's as needed. They plan SP teaching cases during the unit, train all SP's and may help coordinate faculty observers. They plan and coordinate the EOU exams and OSCE's as well as score these. Focused clinical exams are done during the SP teaching cases. There is a 20 minute time limit in these cases. Carolyn Holmes noted there are pre and post encounters coordinated by the NE's in which the students are encouraged to use clinical reasoning to discuss findings, differentials, tests and exams.

3. Transitioning students from Y1 to Y2

- a) CCX – Mattie stated that the diagnosis justification section is graded in Y1. The group reviewed the handout referring to how Y2 weighted the CCX sections during this past year. Weighting of the CCX is decided for each unit by Doctoring as well as the unit chairs. In Y2, the finding section will now be limited to 90 characters. Mattie asked that the final diagnosis section be limited as well since students often write more than needed here. Mary Aiello will ask Linda Morrison regarding this request.
- b) Labs in Y1 – Mattie wanted Y2 to know that some critical lab results were given to students in the Y1 CCX cases even if they did not request the lab. PHP starts to introduce labs.
- c) SP satisfaction training – Mary Aiello discussed that SP satisfaction is reviewed at each training as well as once yearly.
- d) Stimulated Recall – This is used to remediate students. The student is observed by faculty in an SP encounter. The faculty may be present in the room or use a video of the encounter to start and stop the interaction to question the student about areas of improvement, narrowing the differentials, linking the findings etc. There are two books on the topic, one by Dr. Barrows and another, Problem Solving in Clinical Medicine: From Data to Diagnosis by Paul Cutler, M.D.
- e) H&P Cut and Paste - Molly stated that some students were cutting and pasting H&P sections. It was suggested that H&P's may need to be hand written to avoid this and points given for legibility. Deb suggested the students should be flunked for doing so.
- f) HTT Scoring – Mattie would like to see the HTT passing score elevated. The group decided to increase the passing score to from 80% to 85% for both Y1 and Y2.
- g) HTT Assessment Consistency:
- Femoral pulses - Y1 will add femoral pulse assessment to be consistent with Y2
 - Use of otoscope – This is done in both Y1 and Y2. Gaby will send a current Y1 HTT checklist
 - Romberg and Pronator drift – These will be required separately
 - Spleen assessment will be changed to the following:
#92 – Spleen assessment - With your left hand, reach over and around the patient to support and press forward the lower left rib cage. With your right hand below the costal margin, press in towards the spleen and ask patient to take a deep breath as you push up and in, at the bottom of the left rib cage. This can be done either supine or with the patient lying on his/her right side.
 - Biceps/Triceps muscle strength – The word separately will be added to the HTT items #132 and #133 so they are compared bilaterally and separately.
 - Dermatome Sharp/Dull testing on the extremities will be modified to state the following:
#137 - Test both sharp and dull on palm of hand or a finger bilaterally.
#138 - Test both sharp and dull on plantar aspect of foot or bottom of a toe bilaterally

4. **Mentor topics**

- a) Y2 mentor cards for 2012 class were shared
- b) Y2 mentor evaluation revisions were shared.
- c) Mentor rewards/perks were discussed. Y1 offers a mentor of the year award. Y2 recognizes mentors in local newspapers.

Gary thanked everyone for their time and efforts.

Meeting was adjourned at noon.

Submitted for approval 6/29/09

Leslie Montgomery