

2012-01-17

Meeting Information

Date:	January 17, 2012
Time:	8 PST/10 CST/11 EST/16 GMT

Attending: Linda Lewin: Co-Chair; Carol Carraccio, Maureen Garrity, Simon Grant, David Melamed, Valerie Smothers, Janet Trial and Lori Troy.

Agenda Items

1 Review [minutes](#), [decisions](#), and [action items](#)

Valerie began with a brief update on the action items from the prior meeting. Valerie contacted Bill Iobst who recommended Kelly Caverzagie participate in the working group. Kelly is involved in the Medicine milestones work. She sent an invitation to Kelly and hoped that would get him involved. Valerie emailed Carol Aschenbrenner and Bob Galbraith regarding the delayed timeline and they were supportive and did not have any problem with it. The changes to the slides have been made, and Valerie will discuss adding more specific slides for undergraduate medical education with Maureen and Jan. Linda asked if the NEJM article on the new accreditation system had come out yet and no one had seen it yet. Linda asked to be notified if someone sees it. The minutes were approved as submitted.

2 Discuss [feedback](#) from medical students

Valerie only received feedback from the AMSA even though several groups were queried. Positive feedback was received that validated what the group is doing. Linda agreed and said it provided good suggestions. Valerie described the suggested recommendations. Having the ability to show assessment dates, times and setting (ie VA hospital, outpatient, etc) would be helpful. Another recommendation was to include a procedure log so the learner can see how many of different types of procedures they had done. Linda commented people have to log those in other places; it wouldn't require double entry if it's in the standard. Residency programs, medical schools are already creating procedure logs that could flow into a central system. She thought it would be nice to have that to highlight the number of procedures completed if the physician is going into private practice. It would be helpful for the learner to see where there are gaps. Linda asked if there were a list of procedures included. Valerie commented that procedures could be defined somewhere else, the standard could reference that. Existing medical vocabularies like SNOMED could be referenced.

Valerie added that the ACGME has done a lot of work in this area. There are different roles learners can take for each procedure. Lori expressed interest in the ACGME procedure list and she thought it would be helpful to see others' lists. She will share the University of Illinois' procedure list. It started out being three pages long until a decision was made to eliminate any procedure from the graduation competency list if it was a requirement for a course or clerkship. They are working on creating a master list of everything. The intent was to use this for credentialing purposes.

Carol commented that there are differences between the specialties with regard to logs, and it is very complex. To be meaningful, you need verification that the procedure was supervised. Hospitals require supervisors to sign off, so the residents end up logging things twice. She thought it would be a fair amount of work to figure out how to capture these logs.

Valerie asked Lori if she could share what she has with the group and also send along reports, (in-house curriculum management system for procedure tracking certifies when students have demonstrated adequately). Lori agreed to send both pieces along to the group.

Susan shared that they have multiple affiliated hospitals. Students log in procedures for approval by preceptors. She will ask them if they would share that. She added that leveraging the EHR for clinical logs would be difficult for them as they do not have access to the EHRs at their affiliates. Jan mentioned USC has checklist for medical student education that she will send to Valerie. Valerie will post and look at it for the next call.

Linda commented the feedback received from students was validating and reflective of goal setting. On the EAG call last week, there was a thought that the E-folio might be too transactional, losing its sense of learner centeredness. Even students are interested in this to be a learning tool. Linda said to make sure Kim sees that as well. Linda recommended sending another email to students who have not responded. Valerie agreed.

3 Review [updates](#) to data analysis slides

Valerie continued with updates to the slides. Beginning with slide twelve, supervision is no longer overlaid on competency data. It has been separated out. Slide twenty shows how activities where entrustment has been awarded show up as stars on the educational trajectory. Valerie asked if that separation works for everybody. Linda said yes she thinks so and she asked what else is needed. Valerie suggested the next thing to do is determine whether procedure log is in the scope of this working group. Linda suggested going back to the sponsors and seeing what they think about it.

Linda asked if there were any surgeons on the call and there were none. Linda questioned whether we want to include this and take us further off our timeline. Linda asked if there were any standards for procedures out there? Susan mentioned the LCME has a standard called ED2 that includes procedures medical students have observed or participated in. Valerie agreed to look at what technical standards are out there and query sponsors to see what they think. She offered to ask Anderson Spickard who has a portfolio system he's developed that mines the clinical notes that learners write for procedures and problems. He may have some ideas about technical standards.

David shared that the patient information clinical experience and procedural steps they have done is important. The clinical encounters learners have experienced contribute to the diagnostic classifications they have been able to satisfy. Linda clarified patient encounter logs and procedure logs are different data than we've been talking about now. She agreed with Valerie that we should think about whether we want to tackle this within this working group.

Carol shared that Washington University residents look at clinical improvement of the patient over time. How does this contribute to diabetic renal health? There are less cases of non-compliance, ketosis, looking at clinical parameters. The individual schools state the level of competence and provide description of where they came from. Valerie asked the group if they wanted details and if so how detailed they want to go. She suggested thinking about it from a learner's perspective, in real time, to see how many procedures they've done, every student has to log clerkship minimum requirements. Would the learner benefit from having this?

Valerie suggested the group send best practices to post. Linda commented the group consensus was to table this discussion for another time. She asked Carol to share her procedural information and milestones from pediatrics with the group. Carol noted the link to that document will go live this week and she will send to Valerie.

4 Open discussion

Decisions

Action Items

- Valerie will send an email to those students who have not responded to the request for feedback.
- Lori will share procedure lists and reports.
- Valerie will communicate with the sponsors regarding procedure logs and whether they are in scope or out of scope for this project.
- Valerie will research technical standards for procedures.