

Pre-Clinical Professionalism Task Force
133 MacNider
August 22, 2006
4:00-5:00

1) Charge by Dr. Hobgood:

Dr. Hobgood stated that this Professionalism Task Force has the responsibility to address the following topics in the pre-clinical years.

- Develop Professionalism Objectives
- Evaluate assessment needs and tools
- Advise on how the tools can be implemented in the curriculum

Dr. Hobgood distributed a chart that stated the responsibilities of the pre-clinical task force. Dr. Hobgood is going to make these documents available electronically to all members of the committee. Dr. Hobgood stated that she wanted the focus of the committee to be on a way to identify the professional needs of the students, remediating students, and making professionalism expectations clearer.

Dr. Hobgood also distributed the results of the Professionalism Task Force for the Clinical Years. Dr. Hobgood is going to make these documents available electronically to all members of the committee. Dr. Hobgood wanted to set the minimum standards, norm standards, and the loftier aspirations of professionalism. Dr. Cross stated that there should be a positive approach to describe a failure, medium, and honors level.

2) Research

Dr. Chris Osmond stated that we were not the only school or association that were looking at professionalism. Dr. Chris Osmond stated that only a select few received a link with current research on it. He will resend to all members of the pre-clinical professionalism task force. Dr. Chris Osmond will prioritize the reading list on the link. It was stated that the core competencies described some professional behavior and these should be included in the readings.

3) Timeline:

Preclinical group wants to be done by October 1, 2006. They would like to have 3 meetings on a two week basis.

August 31, 2006 from 4:00-5:00

Sept. 14, 2006 from 4:00-5:00

Sept. 28, 2006 from 4:00-5:00

Stephen Charles will get a room on the above mentioned dates from 4:00-5:00.

4) Discussion:

Everyone should look at these clinical documents and see how applicable these documents could be used towards the preclinical years. Be sure to state how the documents might be modified if you think they should be modified.

Dr. Hobgood described how the clinical documents will be used. Dr. Rao stated that the class size will determine the type of assessment used to measure professionalism. For example, ICM has 12 students or Molecules to Cells has 160 students. Large classes could be used as peer assessment or self assessment.

Alice Ma stated that peer assessment is important. Student interaction would be more noticed not in lecture but on the class forum and email.

Peer assessment and self evaluation with CAC. One student expressed concerns with confidentiality and seriousness of the evaluation for the CAC course. Dr. Cross stated that CAC students liked the peer assessment from the previous CAC evaluation course on Tuesday, August 15, 2006. Jennifer Orr stated that to make the CAC peer evaluation more effective, the students could fill out the evaluations outside the immediate group. Taylor Stone stated that he thought it would be beneficial to remove attendance from the CAC form.

To emphasize how important evaluations of peers are, Dr. Cross stated that most doctors' livelihood is dependent on getting referrals from other physicians. Dr. Rao stated that in the early rounds of measurement of professionalism, there could be a need to have the forms to be without a grade consequence.

It was stated that there may be a need to create one general document to be used across both years and that there may be a need to create a more specific document that is year specific. Dr. Chaney stated that the aspirations of the Professionalism Task Force should be to make measurable assessments and making self awareness of professionalism. Dr. Chaney wanted to make sure that Marco Aleman was invited to look at these documents and how would he modify these documents to fit ICM.

Dr. Rao stated that there is a need to start out by students getting points for completing the measurement rather than the outcome of the measurement. She stated that there may be a need to be anonymous. She stated that she was concerned about coming up with an entirely new measurement tool because the aim is to model the type of behavior that 3rd and 4th years are doing. She also stated that there may be a need to modify the words "patience" to "peers."

Jennifer Orr stated that there was a need to change the form due to lack of patients. She stated it needed to be focused on peers and self.

Dr. Cross stated that we may need to adjust the left hand column of the clinical measurement documents to tailor to the 1st and 2nd years.

Dr. Rao stated that she used these adjectives to evaluate technologist, laboratory directors, physicians, and other professionals. She stated that there may not be a need to change the negatives down the left hand column of clinical measurement document. Dr. Cross stated that there was a need to reevaluate the left hand column of the clinical measurement document with a change of audience.

5) For the next meeting:

- 1) Documents- look at the results documents of the Clinical Professionalism Task Force provided and write down any changes. Bring to the next meeting on August 31, 2006. Do we need one document or more than one document.
- 2) Motivators- Students could bring in ideas to get the student body to complete and take seriously the professionalism measurement/s.
- 3) Voluntary use of documents- Is the use of the professionalism measurement tools optional? Bring your thoughts and ideas to the meeting on August 31, 2006.
- 4) Various scenarios that may come up and how to respond to these scenarios. Maybe these scenarios could be used in a small group setting.
- 5) Feedback to students- bring any ideas on how to provide meaningful and usefulness feedback.