

• CLINICAL REASONING CURRICULA AND ASSESSMENT RESEARCH CONSORTIUM
EDUCATION LEADERSHIP CONFERENCE
OCTOBER 13, 2017 5:00 pm
MINUTES

Attendees:

1. Susan Wainwright
2. Sarah Gilliland
3. Pat McGinnis
4. Jenna Sawdon-Bea
5. Teresa Miller
6. Lisa Black
7. Gail Jensen
8. Amelia Siles
9. Jacki Brechter
10. Jana Beling
11. Olfat Mohamed
12. Renee Brown
13. Jennifer Ellison
14. Tami Struessel
15. John Krause
16. Sue Talley
17. Bill Healey
18. Loretta Dillan
19. Shawn Soper
20. Tom Mayhew
21. Jessica Commarata
22. Sara Scholtes
23. Sara Gombatto
24. Mitchell Rauh
25. Claudia Fenderson
26. Kimberly Morelli
27. CarolJo Tichenor
28. Nick Washmuth
29. Sarah Ross
30. Tiffany Roland
31. Jacquelin Ruen
32. Carole Burnett
33. Kelly Macauley
34. Tracy Brudvig
35. Elizabeth Lane
36. Brent Harper
37. Mary Ellen Oesterle
38. Christi Scott
39. Heidi Eigsti
40. Amy Miller
41. Jim Farris

- I. Election of Leadership
 - a. Karen Huhn, Chair (continuing)
 - b. Chris Sebelski, Vice Chair
 - c. Nicole Christensen, Secretary

- II. Leadership announcements:
 - a. Next year need a new vice chair, Chris Sebelski will become chair, Karen Huhn will step down

- III. Creation of Task Forces: this is a current goal, build on momentum from CR symposium and last national meetings
 - a. Teaching compendium task force:
 - i. goal to work with other SIGs so not working in silos
 - b. Competencies task force
 - i. Again, work with other SIGs and task forces who have been doing work in this area already (RFSIG, residency competencies taskforce)
 - ii. Will also need to work with ACAPT group who came up with KSAs for student readiness just passed at ACAPT
 - c. Education task force
 - i. consortium can function to support/organize educational activities
 1. Interested in Gordon-like conference being one type of educational/research focused brainstorming/collaborative conference
 2. Work with other SIGs with overlapping areas of interest, such as Qualitative research SIG, RFSIG, Ed section
 - ii. Fact sheets project proposed as a place to start; create information sheets focused on Clinical reasoning to facilitate everyone getting on same page
 - d. Communication task force
 - i. Manage website
 - ii. Quarterly newsletter (model after RFSIG's)
 - iii. Share new research, resources
 - iv. Improve networking

Attendees asked to sign up using Google form:

<https://goo.gl/forms/ONV2fBZBZ18CYoNC3> or on hard copy sheet being passed around

- IV. Virtual Journal Club 12/14/17
 - a. Hosting this via ACAPT platform; first 2 are part 1 and 2 by Audette articles to start with (Karen sent them to me—get reference to add in)

- V. Hot Topics to Be Addressed—open discussion
 - a. Comment/Question: At CR Symposium, suggestion of TED talk-style things being posted were brought up; question of any further movement on this?

- i. Asked the group what were the people they would like to speak? What specifically want to hear about? Thematic? Free-flowing? Structured?
 - ii. Suggestion that did not need to necessarily be live, but something recorded that could be housed as a resource for others to view later?
 - iii. It was noted that there are guidelines for this, may need to be “certified” to do one, might be a “ted-like talk”;
- b. Gail Jensen: Gruppen, therapeutic reasoning is different, over time, contextual, more complex, his editorial could be something to spring-board off of
 - i. Chris S offered some other thoughts about doing compare/contrast
- c. Interest expressed in growth in CR over the continuum, entry-level and residency and how they relate, how similar, how different
- d. Karen H gave summary of concept analysis project in progress; method, some of the findings, found movement not really focused on in our literature of CR yet
- e. Gail Jensen: suggestion that we could look at some core competencies and how relates to core curriculum; will likely get some traction there
 - i. Academic medicine: did a whole series of compendium pages with educational research infographic; this might be an excellent idea to take to JOPTe, including things related to CR and T&L CR
 - ii. Think about big, important questions and get a group of sections with residencies to sponsor research about reasoning in residency
 - iii. Importance of clinical judgment, Benner does this better than anyone, we can think about exploring how we make judgement in uncertain conditions, reasoning is a very important part of it
 - iv. What does team based reasoning look like, team science, what is collaborative, mutually respectful competence around reasoning and decisions within an interprofessional team context
 - v. If CR remains as one of the domains of competence for the profession (ABPTRFE working on it but need whole profession to come to consensus) , then that shines the light on what this consortium can do to contribute and lead on the CR
- f. Karen H. Implications for outcome goals for the consortium based on strategic plan;
- g. Attendee Request to reach out to PTA educators group to include them in task forces/projects
- h. Question whether or not CR symposium to be repeated?
 - i. Lisa Black reported is too early to determine the next step yet; just met about feedback from the first one, haven’t figured that out yet. Ed section may do something else, and the CR group may move to a broader sponsor like ELP or ?
- i. Movement system: attendee suggested there may need to be some collaboration with movement system task force folks and the CR folks.
- j. Jim Farris: ACAPT liaison to board: suggesting that may want to have a speaker or presentation at these meetings, and not just take care of

business at these meetings; expect to have the ELC time to promote some education within the annual meetings at ELC

- k. Members asked for suggestions for what an educational presentation might be focused on:
 - i. Karen H suggested maybe use concept analysis as a jumping off point for how we define this?
 - ii. Have people share their approaches for teaching and for assessing; link to competencies? Discussions about how to measure can potentially help to stimulate thought; how we assess different forms of CR in curricula; how to ID conceptually on a map?
 - iii. Might want to use resources already created for CSM and have those who are already presenting attend meeting to discuss their work in more depth; suggestion to think about a poster tour type session; suggestion to make it cohesive/focused vs. too many different directions...; discussant panel, invite presenters and others to discuss the presentation; exchange of dialogue, more robust experience
 - iv. CarolJo T: can focus on link to clinical ed community on how to sustain CR development into clinical experiences out of academic environment
 - v. Gail J: lack a lot of really good rich interpretation about what goes on; create scenarios to gather wisdom from clinical community; that type of research is important to ground the development of rubrics or tools for assessment
 - vi. Gail J: EPAs; entrustable vs. not, aspects of reasoning make someone not entrustable; what are those?
 - vii. RFESIG, Clin ed sig reps to have a collaborative discussion at our next meeting?
 - viii. Karen H: need to be careful about fostering all the variability in how people are doing CR in their programs, more important to figure out what we all should be doing consistently (and where there can be warranted variability)
- l. Next steps for Task forces: set up phone calls, KH/officers will notify about who are in each task force, and objectives for each; will try to set up spaces for the task force work on the website;
- m. Karen H: Consortium website tip: NOTE: use bottom header to control consortia page and get to the details; top headers still refer to ACAPT site;
- n. Jim F: FYI educational strategy tinder group: facilitation group for educational research, they are doing a planning dinner tonight for this effort; there will be a breakfast at CSM for others who are interested in educational research and wants to get face to face with some of the top researchers in the field
- o. Gail J: need to identify what are the big problems to help focus us on where we can get collaborative groups to focus