

Patient Care Phase Working Group  
Minutes  
July 25, 2014

In attendance: Curt Bennett, Jan Carline, Heidi Combs (telephone), Basak Coruh, Kellie Engle, Misbah Keen, Chris Knight, Eric Kraus (phone), Connie Lamb, Jordan Symons, Roger Tatum (phone)

Kellie Engle started the meeting with a recap of the June 27 meeting.

**Discussion of patient care phase challenges and opportunities**

- It would be helpful to have the structure of the curriculum settled as a first step for this group prior to talking about scheduling.
  - Connie and Kellie will put together patient care phase models with hard stops delineated to show where the group can be creative and what cannot be changed (i.e., Winter quarter must start in early January).
  - Another constraint is the amount of time total to complete the required clerkship curriculum – 4 quarters to accomplish all required clerkships. Currently we have six weeks of “wobble room” in the third year curriculum. We are adding 4 weeks of neurology and adding intersession weeks so we will have a 4 week deficit in the new curriculum.
  - Will students be ready to start in spring? We are assuming all students will begin at the same time.
  - Do we need to conserve WRITE in the schedule in its current fashion? Suggestion is to start from scratch with schedule and develop a committee to discuss longitudinal integrated clerkships (LIC). We need to recognize that WRITE is a kind of LIC that takes place in a resource constrained setting.
  - Is scheduling Neurology prior to Step 2 required? ER will occur sometime in 4<sup>th</sup> year
  - Students must be spread out across all sites and across all departments to fulfill enrollments. OB, surg and medicine cannot add a large number of sites. To move forward, creating new sites is not feasible.
  - Must build in coordinated starts and stops for the students. Don't want students to leave while others are on board.
  - Can't pair clerkship unless class size reduces or space increases.

Summary of constraints:

- 1) Availability of feasible teaching sites;
- 2) Infrastructure needed to maintain sites. Many people in Seattle and in the WWAMI region are needed to maintain a network of teaching sites. More resources are needed;
- 3) Number of sites needed for current enrollment. Some disciplines don't have enough physicians to fill the required number of student seats.
- 4) Students must be distributed evenly in the clerkships.
- 5) Students must move in coordinated fashion between sites.
- 6) Don't increase clerkship spots

Q: Is it possible to make changes to the patient care phase structure given that the submission to LCME will be submitted in August?

A: Yes, however this will be confirmed.

## RFP Proposal

Q: Should a RFP for patient care phase models be sent out to the faculty?

- RFP would have to be more clearly defined than the foundations RFP. If we don't know what we are doing in an intersession, it would be hard to give direction. Creative ideas must be feasible.
- Would be necessary to understand what is in the intersessions prior to sending out RFP. If people understood the content in the intersessions then they might consider carving time out of psych, peds, IM, etc.
- Does the SOM have funding for travel and housing with an intersession model?
- It would be more helpful to understand what are the levels of knowledge and experiences needed to move into 4th year. Foundational skills to allow students to move into more advanced care and exposure to breadth of medicine to start exploration and think less about how to fit into intersessions.
- Consider how the 4th year fits into the 3rd year so we don't have students starting every week at clinical sites.
- A RFP may come up with a structure that is educationally okay but logically broken. Could make process more difficult rather than less.
- Each RFP should require representation from 2 or 3 departments. Cannot work in vacuum.
- With a RFP there is a substantial risk of developing the same model we have now.
- Compile and circulate constraints for RFP if we move forward. Explain why we need to move Neuro to 3rd year? Could curriculum be developed and held in other places in 3rd year and clerkship still in 4th year?
- 

Q: What is barrier to quarter versus semesters? Why can't SOM move to semester system?

- Financial aid, which is dispersed by the Dept of Education, is dispersed on quarters. If the SOM went to semesters, we would not be able to offer financial aid. All reporting, grades, transcripts, diploma would have to be done manually. The SOM would have to have resources staff and money to develop reports and transfer all data to UW.

## Neurology Scheduling

- All clerkships need to be the same length including Neuro, or divisible by length, 10 or 12.. The number of available blocks is the problem.
- Neurology cannot expand into 5 or 6 weeks. Neuro is adding new sites but there are not enough neurologists to meet a requirement for a longer clerkship. Neurosurgery is now a requirement but expanding the number of students in Neurosurgery is problematic
- Neurology in the 3rd year is aspirational; why is that so important? Is moving up 3 months to have 65 students in Neurology before taking the boards. worth it? Are Step 2 scores in Neurology the biggest driver?

- Would it be easier to transition Neurology into the third year over a longer period of time?. Dr. Kraus is adding sites to encourage students to take neurology in 3rd year. The ideal length is 4 weeks with 13 blocks/year. Good educational content is possible when there are over 4 weeks.
- Could Neurology board prep be available for students who didn't get clerkship before they take the Boards? It is difficult to also study neurology while taking other clerkships and not seeing patients with expert for guidance.

#### Next Steps

- For next meeting send physician AAMC competency set and EPAs as framework for what we are shooting for - what is the product we are looking for at the end?
- Core group of Michael, Connie, etc. develop models for the group to react to - one traditional – one which does not include intersessions. A model with modified intersessions if we know what they need to be and how WRITE would interdigitate.
- Schedule a third meeting to review models.