October 18, 2019

Dear University of Washington School of Medicine (UWSOM) Colleagues:

We write to update you on ongoing work related to the medical student learning environment at UWSOM. As many of you are aware, increased national attention has focused on the learning environment for medical students and residents, especially concerns about student mistreatment. We are among many medical schools working to improve our students' experiences and maintain our focus on excellence in all aspects of medical education.

Each spring, graduating medical school students nationwide complete the Association of American Medical Colleges (AAMC) Graduation Questionnaire (GQ), an extensive survey that includes questions on students' experiences with the learning environment and mistreatment. This questionnaire is one of the main barometers used by the Liaison Committee on Medical Education (LCME) to assess a school's processes and outcomes.

Over the past several years, UW students have reported experiencing mistreatment at a rate higher than the national average on the GQ. The most frequent mistreatment sources identified include public humiliation and offensive sexist remarks (see table below). Our students reported at rates higher than the national average being subjected to offensive sexist remarks and feeling they received lower grades or evaluations based on gender, race or ethnicity. Our internal data and the GQ data suggest that these experiences occur in clinical settings mostly by clerkship faculty, both in Seattle and across the region.

It is important to note that the large majority of students report positive experiences in their clinical training; acknowledgement of mistreatment should in no way detract from recognizing and appreciating the truly exceptional teaching that occurs at UWSOM clinical sites every day.

We are pleased to note that, compared with previous cohorts, reports of student mistreatment declined slightly among 2019 graduating UWSOM students who completed the GQ. We are committed to ensuring that this progress continues. Part of the process of creating a more positive learning environment involves keeping you informed about what we are learning, what we have done so far, and how you can help.

What we are learning

- Our challenge is **multifactorial**, including a combination of longstanding traditions in medical education, the intersection of many different cultures, generations and identities, and a need for greater accountability, partnership and support for our educators.
- While **most concerns pertain to clinical experiences**, we also have work to do in classroom, research, and other learning spaces.
- We have identified several **sites and clerkship experiences** that require concentrated support to improve the learning climate for students. To that end, we are working on faculty development and partnering with departmental and regional leaders and faculty. We have been impressed by the strong commitment from both leaders and individual faculty to improve treatment of students.
- We must do a better job of **'closing the loop'** with our students by keeping them informed about actions taken, future plans, and consequences. This is a necessary step in earning students' trust that we will fully and appropriately address concerns.
- We must improve the way our students experience **'belonging'** in the clinical clerkships. Today's fast-paced clinical environments create pressure on our educators to see more patients, and to do more in less time. Students may perceive that some educators are negative or neglectful, disinterested in teaching, or creating a hostile or unaccepting environment. It is important that our students feel welcome and included in the clinical environment in which they train.

What we have done

- We improved **safe reporting and support options**, including implementing [anonymous reporting mechanisms](#), refining evaluations of clerkships and faculty, and undertaking systematic and direct follow-up of all serious and urgent concerns raised by students, with a focus on avoiding retaliation.
- We hired a **Learning Environment Director,** [Melinda Frank](#), who provides personal follow-up and support for students, and partners with students, deans, and clerkship/departmental/regional leaders to develop and implement concrete interventions.
- We implemented an **improved approach to process and address concerns** students raise, including initiating a formal Incident Response Oversight Committee (IROC), comprised of student affairs/curriculum deans and the Learning Environment Director. This committee reviews every single report of potential student mistreatment and takes action when needed with targeted feedback, intervention and faculty development for faculty and residents when concerning behavior is reported.
- When necessary, we have **closed clerkship sites, removed faculty from teaching, and conducted interventions with specific sites and faculty.** When students report serious and/or recurrent concerns, we have acted deliberately. In the past two academic years, we worked closely with clerkship directors, department chairs, and regional deans to close two clerkship

sites based on reports of mistreatment. We also delivered focused feedback/intervention to more than 100 faculty members and residents, across phases of the curriculum.

- We conducted **focus groups** with rising fourth year students and held **quality improvement workshops** with all graduating students to better understand the state of the learning environment and how we can make meaningful improvements.
- We **improved orientation** for students**,** both at the beginning of medical school and upon students' transition to clerkships, to help them be informed, engaged, proactive, and pragmatic about the learning environment and the resources available to them.
- We plan to **expand oversight and membership of the Learning Environment Committee** to include greater representation from UW Medicine clinical leaders, regional deans and teams outside Seattle, and UW School of Medicine faculty development leaders.

How you can help

- **Help your students feel part of your team.** Take a few minutes with new students to welcome them, get to know them as individuals and learn where they are in their educational journey, and orient them to your expectations and their roles and responsibilities. Check in with them a few weeks later to see how they are faring (if you are involved in mid-clerkship feedback, that is a good time).
- **Be explicit about why you teach the way you do.** If your teaching style is to ask questions of your students in public settings, be explicit about your intentions *(e.g. "My approach is to ask students questions to figure out how much they know, so I can understand their learning edge. My aim is to help make you a better doctor and help you learn to think on your feet…")* Recognize and add to students' knowledge and skills via meaningful and concrete feedback.
- **Be a part of a positive climate:** If you see a colleague interacting with anyone (a student, trainee, staff or faculty member etc.) in a way that is concerning, say something to your colleague – the majority of our educators are well intentioned and may not realize how they are coming across. If the issue is serious or you need help, reach out to your supervisor, the site director or clerkship director, [Melinda Frank](#) or one of the deans.
- **Grow your own knowledge and skill set** related to improving teaching and feedback, addressing bias and discrimination, and fostering a positive learning environment. Some valuable resources available through the UWSOM Center for Leadership in Medical Education (CLIME) and the Office of Faculty Development, include:
    - CEDI Module on [Implicit Bias](#)
    - [Medical students' voices on gender discrimination](#)
    - [A Discussion about the Learning Environment](#)
    - CLIMEcasts on [Equitable Teaching Practices](#)
    - CLIMEcast on [How to Give Difficult Feedback](#)
    - Take an in-person faculty development opportunity related to orienting, teaching, or giving feedback to learners; some opportunities in Seattle linked [here](#), as well as in the WWAMI Newsletter and in emails from your local leaders, if you are outside Seattle.

Excellence in clinical teaching by our outstanding faculty is one of the key attributes that makes UWSOM great. We are so grateful for the hard work and thoughtful attention all of you put into the education of our medical students in challenging clinical environments. Our hope is that through collaboration with our regional leaders, clerkship directors, department chairs, and talented and committed educators, we can improve the learning environment for all. Please let us know if you have questions or need support – we would be glad to connect with you.

With great respect and gratitude for your work,

Molly Blackley Jackson, MD - Interim Chair, Learning Environment Committee
Mark Whipple, MD - Chair, Learning Environment Committee
Melinda Frank - Learning Environment Director

Communications Subcommittee
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Jamie Shandro, MD (co-chair)
Kim Blakeley
Marj Wenrich, PhD
Kaia Barth (MS4)
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Peter Esselman, MD
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Lynne Robins, PhD
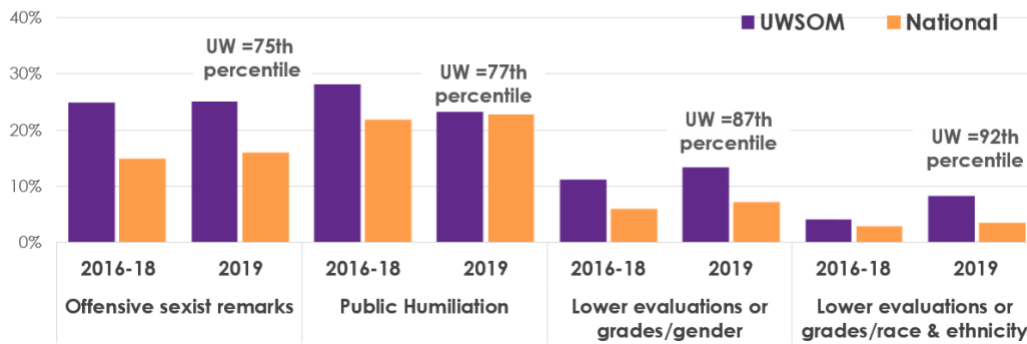Mike Spinelli, MD
Doug Wood, MD
Sarah Wood
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Appendix: 2019 Graduation Questionnaire (GQ) Data
The following two figures include select data from the 2019 UWSOM GQ, with corresponding national data from the AAMC. The first figure highlights the prevalence of reported mistreatment by type, and the second highlights the source of the reported mistreatment.

Mistreatment Type
(% Occasionally/Frequently)

Mistreatment Source