

We Heard You – March 2019

The Seattle MSA meets with Deans twice a quarter to discuss things that are going well and things that need improvements on all issues affecting student life and education across the WWAMI region. The E-18 MSA would like to start a tradition of presenting the issues, concerns, and acknowledgments of students that were discussed during the Deans & Friends meetings and what is being done to address them as a means of being more transparent and accountable to our peers and ourselves. Please note this is not an exhaustive list of all the work being done by administration or MSA and most of the feedback are summarized for readability and length. Some comments are also passed on to relevant parties. Please feel free to contact us or any of your site-specific MSA representatives regarding any questions/comments/concerns. We are here to be your liaison and support you throughout your journey in medical school!

Survey Demographics & Ratings

Total: 56	<u>Moscow, ID:</u> 19 <u>Seattle, WA:</u> 24 <u>Spokane, WA:</u> 7 <u>Laramie, WY:</u> 4 <u>Anchorage, AK:</u> 1 <u>Bozeman, MT:</u> 1	<u>MS1:</u> 35 <u>MS2:</u> 5 <u>MS3:</u> 7 <u>MS4:</u> 7 <u>Expanded MS4:</u> 1 <u>MD/PhD:</u> 1
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Survey Ratings (1- Strongly Disagree & 5-Strongly Agree)

In general, I think the UWSOM's learning environment is respectful.	3.95/5
The curriculum or my clerkship experience has been appropriately rigorous.	4.10/5
I have been able to maintain a good school/life balance.	3.27/5
I feel supported by student support services (e.g. wellness, counseling).	3.14/5
My experience at the UWSOM has been overall positive.	3.79/5

Appreciations & Acknowledgments

Positive Feedback	Thank you to
I saw the learning environment director in class with us when Dr. Young came to speak about nephrology and race disparities. I thought it was great she was keeping a pulse on the classroom on this important day.	Melinda Frank

<p>Foundations Feedback: CPR Block (Majority of MS1 Feedback)</p> <ul style="list-style-type: none"> ● MS1 feedback has generally been very positive on the recent CPR block. Student comments all across the WWAMI sites generally agree that it is well organized, well taught by Dr. Luks, and that the quality and accessibility of the materials has been excellent. Many even suggest modeling other courses after CPR's quality and organization. ● Specific Shoutouts from Seattle include Dr. Luks, who checked-in individually with each student who may not be performing as well as they had hoped; it really felt like the Block Leader really cared about student success. Shreeram Akilesh's Pathology lectures were seen as excellent, from one student, and that they should be seen as a gold standard for other pathology lectures to be modeled on. ● Idaho: Dr. Fuerst, Dr. Pfiffer, Dr. Freeman, Dr. Hodges and Whitney Vincent were cited as examples of excellent course teachers in ID. The course leads are seen as very receptive to student concerns and open to feedback on improving the material at their particular site. Additionally, small group sessions were well received in ID as it gave students an opportunity to practice using and communicating difficult material to their peers. 	<p>Entire CPR team and block leads</p> <p>Andy Luks Shreeram Akilesh</p> <p>Lynda Freeman Peter Fuerst Dr. Pfiffer Dr. Hidges Whitney Vincent</p>
<p>Clinical Training during Foundations Phase</p> <ul style="list-style-type: none"> ● Overall seen as positive; PCP and Hospital Morning feel more meaningful and impactful in terms of the insights gleaned from patient encounters due to concurrent learning of CPR subjects and direct application during MS1 and MS2 clinical experiences. An MS2 in Seattle agrees that clinical training in MS1 and 2 is "pretty good". ● MS1 Seattle: PCP helps students feel connected and rooted in the community they are serving and feel an immediate impact in applying the things they are learning in class. ● MS1 ID: "I already feel confident going into rotations and I don't think many students from other medical schools could say that at this stage in medical school", One MS4 from Spokane reflected that they felt "well prepared" going into clerkships and that it had been going very well with them. 	<p>Entire FCM Team</p>
<p>Clinical Training during the Clerkship Phase</p> <ul style="list-style-type: none"> ● Specific positives have been praising for sites with high student traffic such as HMC and CDCC, and the strong variety of elective clerkship options and dedicated preceptors. ● MS4 Seattle & Spokane: Felt really well supported from their mentors and other faculty; whether it was help on ERAS or working to be flexible for interviews. ● MS4 Seattle: Clerkship training has been excellent overall; doing Sub-I's and away rotations really helped contribute to feeling like they will be a strong intern compared to other residents. ● MS3 Wyoming: Appreciated the quick responses to clerkship evaluations. 	<p>Clerkship directors College faculty</p>
<p>We Heard You Acknowledgements</p> <ul style="list-style-type: none"> ● The We Heard You document is praised across all years and all sites as a great improvement in transparency. Please keep it up. 	<p>MSA Leadership & Admin Team</p>

Curriculum

Concerns/Suggestions	Response/Current Progress	Contact Person
<p>Mandatory Small Group Sessions & Attendance Policies</p> <ol style="list-style-type: none">MS1 Idaho, Seattle, Wyoming (5): Mandatory group sessions are helpful only when everyone is adequately prepared. It is sometimes not helpful at all for students who learn better at home, have obligations, etc. They should not be mandatory on exam days or days before exams, especially if session material does not align with upcoming exam.<ul style="list-style-type: none">E&H has even more mandatory sessions (including patient presentations & labs), we are worried something that does not benefit our studies will take away even more time from our day.Students should not be singled out or made to feel poorly for having different learning styles and choosing not to attend lecture or small group. Our choices should be respected.MS1 Wyoming: Each site should have individualized attendance policies as lecturer quality vary between sites.	<p>We have spent the last 5 years discussing the attendance policy and weighing the pros and cons of the various approaches. We have not solved this yet. The current policy is a compromise approach as we gather data. We will continue to fine tune the policy.</p> <p>For E2018 students, we have reduced the number of sessions where attendance is required and tracked. Unfortunately, we are losing faculty who show up to teach a small group, and few or no students appear.</p> <p>We did discuss having individualized attendance policies for each site - students did not agree with that approach due to concerns about fairness.</p> <p>We have discussed the notion that it is not fair to students to require attendance if they have learning styles not suited to small group active learning. The validity of the concept that students have different learning styles has been called into questions. Here is one article that addresses this from the Atlantic: https://www.theatlantic.com/science/archive/2018/04/the-myth-of-learning-styles/557687/</p> <p>And a study from Britain: https://www.ncbi.nlm.nih.gov/pubmed/27620075</p> <p>Going to small groups may not help with memorization of facts, but if we do it well, it should cement understanding on a deeper level. We also want to prepare you for clerkships where you will contribute in didactics and rounds as part of the healthcare team. Our hope is that practice in small groups will help improve your learning and performance (grades) on the wards. Please let me know about sessions that don't</p>	<p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p>

accomplish that.

Here are some of the pros and cons that we have heard from students:

Arguments against required attendance in Foundations blocks:

- Medical students are adult learners who are aware of their own learning styles; they should therefore be able to choose how to learn and which events to attend
- Penalizing students for insufficient attendance at required events is therefore inappropriate
- Students who feel they don't learn well in small groups should be able to make the choice not to attend.
- Because class size varies between regional campuses, tracking attendance accurately at all campuses is difficult and potentially inconsistent; therefore, requiring attendance may not be fair

Arguments in favor of required attendance in Foundations blocks are:

- Medicine is a team sport, and learning how to interact and problem-solve together in teams are critical skills that require practice
- Interacting in class and explaining difficult concepts to one's peers augments content and concept retention
- While medical students are adults, and they have been successful in courses before medical school, they may not yet be fully aware of the most effective ways to learn the knowledge, skills and attitudes necessary to be excellent physicians
- Lack of attendance is not fair to faculty who make substantial time commitments and effort to teach; it can be demoralizing to teach in an empty or half-filled

	<p>classroom</p> <ul style="list-style-type: none"> ● Regular attendance and punctuality for all required sessions demonstrates a student’s professional development as an aspiring physician. ● Student absenteeism may adversely affect the overall well-being of the class and create an unpleasant and less productive classroom environment 	
<p>Elective Classes</p> <ol style="list-style-type: none"> 1. MS1 Idaho: Need better option for electives at WWAMI sites, even if it’s distance learning. 2. MS1 Idaho: We have great electives that are offered via zoom, but it would be awesome if we had some variety closer to home, in addition to Spanish in Medicine and a Rural Health class that is at our site. It would be great to be in a human dissection class working on techniques or pathology elective working on staining and viewing slides than seeing them on a PowerPoint. 3. MS1 Montana: I wish we had more hands on training with ultrasound. Wondering if there are other sites interested in incorporating ultrasound into the curriculum or as an elective. 	<ol style="list-style-type: none"> 1. Idaho admin (PGF): We agree Idaho students should have more options; many of the electives offered in Seattle are already available by distance learning. 2. Idaho admin (PGF): We agree about more electives being offered. We are happy to work with students to implement additional electives at our site. Both the anatomy and pathology electives suggested are options that we can realistically envision offering. Both Dr. Fuerst and Mr. Johnson would be interested in working with students on these, but they will have to be student led initiatives and involve significant effort. This would be a great way to demonstrate leadership though! We are also working with an E18 student to translate the wilderness medicine elective to Idaho based on our wilderness medicine retreat. 3. Please feel free to send out a schoolwide email on the auxiliary listerves to ask if anyone is interested in this as well. (MR) We discussed a proposal to increase the ultrasound curriculum in the foundations phase for all students, all sites at a curriculum committee. There was enthusiasm for this, overall. The curriculum committee was concerned, however, that the curriculum is already packed. Prior to approving this proposal, we would need to decide what sessions and content to extract to make room. It is a work in progress. 	<p>Peter G. Fuerst (fuerst@uidaho.edu) - Associate Director of Curriculum, WWAMI Idaho</p> <p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p>

<p>Lecture Specific</p> <ul style="list-style-type: none"> MS1 Seattle: It is distracting for professors to trade off teaching but not see each other's lectures to be informed what is already taught. 	<p>I agree this is a problem. For years in medical education we have had the notion that we needed to get experts in front of students to present their areas of expertise - It is known as the parade of stars. The advantage - students may become inspired by the world-renowned expert. The problem - the curriculum becomes disjointed, and the experts are not always aware of what comes before or after. We will work with block leaders to reduce the number of faculty teaching and make sure the ones that are involved are aware of the other parts of the blocks.</p>	<p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p>
<p>Lecture in Idaho</p> <ol style="list-style-type: none"> MS1 Idaho: Lectures & Clinical Skills sessions often go over 10-30 mins on a daily basis, interfering with students' schedules. MS1 Idaho: Guest lecturers & physicians can use improvement as many are not prepared or simply read off slides. When they get to important slides, they often state they're unsure what the slide means or represents. ID lectures also covers too much clinical information that is not help for exams or boards. These should be presented during clinical workshops, kept at a minimal in class and keep things relevant to exam & board information. 	<ol style="list-style-type: none"> Idaho admin (PGF): It is true that a small number of lectures can go over and this is the case with the small groups as well, although the block lead for CPR reports that this is a rarity. To address this, we met with all of our Idaho block leads to minimize the number of times that classes end early or run over. Idaho admin (PGF): 1) We agree that everyone should have a solid idea of what is on a slide! We will discuss having better slide annotation available and refining our teaching roster. We also ask students to keep in mind that in rare cases, such as happened in CPR this year in Idaho, our practicing physicians may have pressing demands, such as a complicated 24-hour delivery right before class or a critical emergency call that requires us to locate a last minute substitution. <p>(MR) We have a policy that states that all out of class resources need to be the same at all sites, and the examinations need to be the same at all sites. What happens in class does NOT have to be exactly the same; faculty can choose to present material in the way they see fit. They don't need to use the exact slides and are free to modify. We will continue to emphasize this with faculty development. One thing that sometimes occurs is that the slides come in late, and the faculty using another person's slides don't have</p>	<p>Peter G. Fuerst (fuerst@uidaho.edu) - Associate Director of Curriculum, WWAMI Idaho</p> <p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p>

	<p>adequate time to review. We are working to get things done earlier so this does not occur.</p> <p>I will meet with I & D faculty with concerns about clinical content.</p>	
<p>Step 1 Preparation</p> <ol style="list-style-type: none"> 1. Step 1 workshop was inadequate, unhelpful and was just basic information that should have been shared in the fall. It feels like there is not enough experience preparing students for boards and wish the admin team would express urgency about board prep. <ul style="list-style-type: none"> ○ Most of the student questions were not answers and the information provided wasn't helpful in terms of helping students navigate what resources have worked in the past. ○ There needs to be more data collected on how students do on the exams at UW and what scores from our students correlate to what specialty. ○ We need data collected on whether or not students got into their specialty of choice. 2. MS2 Seattle: Studying from Boards & Beyond & Anki has been more effective (time & wellness) than the curriculum. The curriculum should use supplemental material as a prime resource and fill in the gaps with UW material for step 1. 3. MS3 Wyoming: I do not feel the curriculum prepared me for step 1 as much as I wish it would have. 4. MS3 Wyoming: Feels like the school has purposely left us "in the dark" regarding step 1 score average as we have yet to hear how we did as a class. 	<ol style="list-style-type: none"> 1. (YT) Thank you for this feedback, it is very helpful to know what types of information is desired from the class. I would love to share this website put together by our learning specialists in Spokane, it has some more information about Step 1, useful resources and more. https://sites.google.com/uw.edu/uwsomstep1/home I will work to find out the answers to these specific questions that were posed at the session such as step 1 score correlation to specialty from our school and the question about students matching into the specialty of choice. 2. (MR) This is an important topic. We are exploring using commercially created supplemental material as required out of class resources. There are pros and cons to this approach. One problem is that First Aid and other commercial sources rely on students who have just taken step 1 to know about topics on the exam. It takes time (sometimes years) to write and edit good questions. That means that First Aid is not up to speed on the latest advances in medicine, and there may be things on step 1 that are NOT in First Aid. Faculty want you to be up to speed on the latest. We have had faculty review Boards & Beyond, Lecturio, USMLE Rx, Sketchy Pharm and Micro, Pathoma, etc. We are hiring a new Assistant Dean for Basic Science who will work on this approach Our goal is to align our curriculum more closely with step 1 to help make sure performance on step 1 is as best as possible. 3. (MR) I am sorry that is your experience. We plan to 	<p>Yvonne Tyler yvonneyt@uw.edu - Academic Learning Specialist Seattle</p> <p>Michael Ryan mjryan@uw.edu - Associate Dean for Curriculum</p>

<p>5. MS4 Seattle: Need significantly more emphasis on board preparation and shelf exam preparation, as these scores have a bigger impact on our careers than almost anything else the school can provide. Explore and learn from other medical schools that have high board performance and implement their successful strategies.</p> <p>6. MS4 Spokane: Level of assessment during foundations phase falls short of USMLE level. Foundations phase testing should be reflecting the rigors of step 1.</p>	<p>administer a survey and then hold focus groups in the very near future with students who have taken step 1 this year to see where our curriculum is on the mark re: step 1, and where it falls short. Anyone interested in participating please e-mail me.</p> <p>4. (MR) We are working to be as transparent as possible about our student’s performance on step 1 and match results. I will be providing some graphics that illustrate our step 1 scores and match results by specialty when they are completed - hopefully in the next few weeks. (YT) To answer the question about the MS3 class average, the summary report for students from UWSOM taking Step 1 for the first time in 2018 showed a mean of 227. The national mean in 2018 was 230.</p> <p>5. (MR) I agree - we are working to do just that</p> <p>6. (MR) We discussed this topic at a recent curriculum committee retreat and we agreed with your comments about assessment. Matt Cunningham is the new director of assessment and evaluation. He and I are committed to improving assessment in the foundations phase and making them more rigorous. We will be using NBME customized assessment in the foundations phase within the year which will be one component of our solution to address this.</p>	
<p>Foundations Phase Curriculum</p> <p>1. MS1 Idaho: There are exams the Friday before Easter and Monday after. This makes it impossible to see family over the holidays for those needing to travel home.</p> <p>2. MS2 Seattle: A simple list of topics for each block/class/test would be incredibly helpful to organize how to attack the material.</p> <p>3. MS2 Seattle: Organization & delivery of class</p>	<p>1. (MR) We have a difficult time scheduling exams, because the curriculum is shortened, and we do want to assess frequently so you have a better sense of your progress. We will see if we can provide more time around Easter for next year.</p> <p>Idaho admin (PGF): The UWSOM foundations policy has a process to request absences for religious holidays for future reference:</p>	<p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p> <p>Peter G. Fuerst (fuerst@uidaho.edu) - Associate Director of Curriculum,</p>

<p>material is poor. What material will be tested is unclear. Continuity in expectation and delivery between blocks, threads, week to week, day to day, and hour to hour are poor. The syllabi & class material is not useful going back to review.</p> <ol style="list-style-type: none"> 4. MS2 Seattle: What will be some near future changes to the UWSOM foundations phase? Will there be someone in charge of handling the feedback collected at the end of each block? 5. QMS1 Idaho: I feel like we are moving through the curriculum too quickly. It feels more like cramming rather than working to develop a stronger understanding. The addition of PCP & hospital morning, FCM and their preparation (write-ups, clinical skills prep, traveling, etc.) makes me feel like I don't have enough time to focus on my academics and creating a strong foundation for step 1 and beyond. 6. MS1 Seattle: How does the administration of the didactic & clinical portion of our course work communicate? For some weeks there is over scheduling that causes a lot of undue stress. 7. MS1 Seattle, Idaho (3): Curriculum feels rushed. I wish the curriculum was still 2 years with PCP & hospital mornings occurring every other week. A 2-year curriculum seems to be more appropriate for learning and retention., in addition to clinical skills. The every other week clinical experiences are spaced too far that I feel like I don't retain much or get enough practice. 8. MS1 Idaho: During the step meeting led by Dr. Freeman, the curriculum leads said that we were being neurotic and overreacting about how little time we have for step 1, which is not true. 	<p>https://blogs.uw.edu/foundmed/faculty-resources/attendance-and-absenteeism/</p> <ol style="list-style-type: none"> 2. (MR) We have asked block leaders to list the objectives covered on each exam, but it sounds like that is not happening in all blocks. Please send a list of where you think it is working well and where it is not - I can better address then 3. (MR) We have a process to collect all feedback and present it to block leaders at all sites. We call this the "lessons learned" process. After that we decide about changes necessary for the next year. The final step is for the block director to write to students who just completed the block to let them know what you said, and what we changed. 4. (MR) As for future changes - we change the blocks each year based on feedback. We are working to scrub the curriculum of bias and are working to better align the curriculum with step 1. We are hiring an Assistant Dean for Basic Science that will focus on step 1, remediation, integration and examinations. 5. (MR) I agree the curriculum moves very quickly. We have discussed lengthening the foundations phase, but we need to solve some logistics to make that happen, so I can't promise that will happen right away. I have heard mixed comments on FCM and clinical training. Some feel it is a strength and should not be altered. Others feel it is too much and we should focus more on science. I am working with FCM leadership to see if we can move some clinical topics from blocks into FCM to free up time for more physiology, pathology and pharmacology in the blocks. This is already underway. We have adjusted the PCP schedule at all sites for next year, and the freed-up time on fall of term 1 will be used to teach research methods for the E2019 class. 6. (MR) I would like to learn more about the sense that 	<p>WWAMI Idaho</p>
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	<p>clinical and didactic portions of our curriculum need to communicate more - please email examples and specifics (or meet with me in person)</p> <p>7. (MR) A major reason that the curriculum was shortened was to allow adequate time for career exploration, to complete sub-I's and away rotations BEFORE the residency applications are due. A substantial number of students in the old curriculum complained they did not have enough time. To lengthen the foundations phase <u>and</u> provide enough time to get things in order for residency we would need to start way earlier in first year. That is not out of the question, but we would need to solve logistics to make that happen. Not all are in favor of an earlier start.</p> <p>8. (MR) I would say that we take step 1 very seriously and are working hard to make sure all students are as successful as possible. We appreciate the importance of your score on the exam. I don't feel students are neurotic.</p> <p>Idaho admin (PGF): Stress related to STEP 1 is real, we do not think students are neurotic for being concerned about STEP and apologize if we gave this impression in our attempts to reassure students that they are on track in their preparation. We remain confident that the curriculum is an excellent preparation for STEP.</p>	
<p>Remediation</p> <ul style="list-style-type: none"> MS2 Seattle: There is little information about remediation which affects students' planning & timeline, which negatively impacts step 1 studying timeline. The student progress committee makes decisions about timeline without any input from the student regarding 	<p>Finding appropriate time for remediation has been a challenging part of our curriculum development. Initially, the Student Progress Committee and the block/thread directors had broad discretion over scheduling reviews and exams for students. We have relaxed these requirements to better adapt to variability in student obligations, but we are generally constrained to the summer after first year (for</p>	<p>Michael Ryan mjryan@uw.edu - Associate Dean for Curriculum</p>

<p>when the most ideal time is.</p>	<p>remediating coursework from terms 1 and 2) and the winter after the conclusion of Foundations (for term 3 coursework). We do work with students to find a time that works as best we can. Significant remediation time may require delaying the beginning of the student's clerkship phases. More information is available here: https://blogs.uw.edu/foundmed/uwsom-foundations-policies-procedures/remediation-foundation/</p>	
<p>Threads</p> <ol style="list-style-type: none"> MS1 Idaho: HFF thread leaders are super helpful in letting students understand how many questions there are per exam. Students need more transparency on pharmacology & pathology thread expectations per exam. MS1 Seattle: Pathology slides for the past few blocks have been lacking (no labels or notes) and it has been distracting that our path lead is not in WWAMI. Not sure why path reviews aren't sent out until 1-3 days before the exam, even when they were made last year. <p>*** Shreeram Akilesh's path slides are very good, everything is labeled and makes sense and he has been more accessible for path questions.</p>	<ol style="list-style-type: none"> Idaho admin (PGF): This has been identified by students and faculty as an ongoing challenge. A wide range of solutions are being considered. In MCBF we will implement a mapping of all thread and theme content to mirror HFF. Pharmacology thread (EW): We will work on being clearer about the expectations of the pharmacology thread. Before the start of each block, the thread leader will work with block leaders to come up with an approximate number of Pharm exam questions for the block and this information will be conveyed to the students. The final number of questions on each exam will vary but fall within a given range and be provided to students. (M Ryan) Dr. Rendi is out of town. I will review the comments with Dr. Rendi when she returns (ie., slides with no labels or notes.) We are working to make existing review materials available immediately; however, Dr. Rendi records many updates to adjust to student feedback, which requires extra time and labor to process and post them for students. I am glad Dr. Akilesh's sessions have gone well and his slides are well-labeled. I am meeting with the pathology department chair to review all comments and will share all these comments as we plan for the upcoming blocks. 	<p>Peter G. Fuerst fuerst@uidaho.edu - Associate Director of Curriculum, WWAMI Idaho</p> <p>Edith Wang ehwang@uw.edu - Pharmacology Thread Leader</p> <p>Michael Ryan mjryan@uw.edu - Associate Dean for Curriculum</p> <p>Mara Rendi mararend@uw.edu - Pathology Thread Lead</p>

EHM

1. MS2 Spokane: EHM has focuses a lot on discussing racism (and rightfully so), but little or none has been discussed about other marginalized groups (persons with disabilities - a group that represents one in five Americans who tend to utilize medical providers more frequently than non-disabled people.)
2. Can there be more discussion on how to deal with microaggressions in the classroom and clinical situation instead of just talking about what they are?

1. It is true we do not have a specific session on disabilities, but we have woven in content about disabilities into multiple sessions. For week 1, one of the in-class cases for “History of Marginalized Groups and Health Impacts” addressed ability/disability and important historical context. For week 2, ability/disability was supposed to be discussed in conjunction with the social construction of disease. (Speaker’s notes from that slide: *We have already covered and will continue to cover examples of medicalization and to an extent, everything you learn in medical school is a product of medicalization. Critical disability studies have been integral in understanding how the social construction of impairment informs medical practice. Imagine for a minute a city in which everyone uses a wheelchair. They never know they are different from anyone else because everyone uses wheelchairs to get around. When they build their city, they build the ceilings at 7 feet and the doors at 5 feet, because that is all they need. Every entrance uses a ramp, there are no stairs in this city. Are these people impaired? Absolutely not. Their environments are designed in such a way that the fact that they are in a wheelchair does not constrain them: they are NOT disabled. Now imagine that people who do not use wheelchairs and move about like I do begin to move into this town. They hit their heads as they walk through doorways, they hurt their back stooping to walk through the doors, they become upset by how close the ceilings are to their heads, and their shins and ankles hurt from always walking at an incline up the ramps. Here, people like me, who are considered able bodied, are actually impaired by this environment. What this example intends to show is disability is an INTERACTION between how our bodies function and the*

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	<p><i>environment, not because of some innate characteristic.)</i> For week 3, part of the community visit is an exploration of the built environment as it relates to ability/disability.</p> <p>2. Week 4 has a 90-minute session on how to specifically respond to micro-aggressions using a framework called DEAR. We may move this to week 2 for subsequent years given student desire for this content earlier in the curriculum.</p>	
<p>CPR related feedback</p> <ul style="list-style-type: none"> ● Renal course, syllabi and histology ● Gender & Sex Interchangeable Use 	<p>All CPR feedback has been referred to Dr. Andrew Luks by the CPR student block leaders.</p>	<p>Andrew Luks (aluks@uw.edu) - Director of Cardiology, Pulmonary, and Renal Block</p>
<p>Race & Racism in the Curriculum</p> <ul style="list-style-type: none"> ● MS1 Seattle: Race & Racism is being addressed in the curriculum poorly. Would like to see a more supportive environment for students of color. 	<p>The School of Medicine and CEDI strive to create an environment where all students are successful and supported. To create a supportive environment for medical students with marginalized and underrepresented identities, CEDI sponsors five student organizations (LMSA, SNMA, Medicine Wheel, Q-Med and APAMSA), three pathways (Indian Health, Hispanic Health and LGBTQ Health) and six elective courses. In addition, there are three SOM committees with specific missions related to supporting students from marginalized and underrepresented backgrounds, all with student engagement: URiM, ARAC, and the Learning Environment Subcommittee on Diversity. Other efforts to address race and racism in the SOM include a review of the foundation’s curriculum with leadership from Roberto Montenegro, faculty development efforts by CLIME with leadership from Edwin Lindo, and a newly formed Equity, Diversity and Inclusion faculty development group with leadership from Leo Morales and Trish Kritek. The Ecology of Health and Medicine course, led by Amanda Kost, also</p>	<p>Leo Morales (lsm2010@uw.edu) - Chief Diversity Officer</p>

	<p>addresses race and racism in medicine through its curriculum. There are also efforts to address race and racism in UW Medicine's clinical settings with leadership from Paula Houston and Pat Dawson. Finally, UW NURF (Network for Underrepresented Residents and Fellows) and CMFA (Committee for Minority Faculty Advancement) in collaboration with CEDI hold events and host speakers addressing race and racism in medicine. We acknowledge that more progress is needed and thank students that have offered their time and leadership in addressing race and racism in our school and in the teaching and practice of medicine. As we continue this work, we ask for your continued feedback so we can improve current efforts and introduce new initiatives where gaps exist.</p>	
<p>Study Tips from Upperclassmates</p> <ul style="list-style-type: none"> MS1 Seattle: Methods that were successful from upperclassmates should be communicated with the next cohort. 	<p>MSA plans to send out a survey after every block to collect responses and compile them and pass that along to the next cohort. Please stay tuned for more information.</p>	<p>Erica Qiao (msavp@uw.edu) - MSA Vice President</p>
<p>Support for students pursuing specialties</p> <ul style="list-style-type: none"> MS4 Spokane: The learning environment and curriculum has been biased towards primary care. I feel like there is significantly less support or even discouragement for students pursuing surgical subspecialties. 	<p>(MR) We are committed to filling the workforce needs in WWAMI. A big part of that is primary care. There is also a shortage of other specialties in rural areas (especially psychiatry, surgery) in WWAMI. Our goal is to fill <u>all</u> gaps in WWAMI. It would be helpful for me to understand more about the areas where the curriculum is biased toward primary care, where you felt discouraged from pursuing surgical subspecialties, and to hear suggestions about how to address this. Feel free to email and we can talk.</p>	<p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p>
<p>Lecture Recording & Communication between Sites</p> <ol style="list-style-type: none"> MS1 Spokane: Seattle Faculty have been unresponsive to WWAMI emails & concerns. During Seattle snow days, WWAMI students had to rely on Seattle students to have access to outside class materials & recorded lectures. 	<ol style="list-style-type: none"> (MR) Snow days: I was not aware of this. Thank you for bringing it up. Students should not have to rely on Seattle students for access. I am looking into that. eGFR: The issue of race and eGFR came up in class based on student questions. I listened to the questions raised in the Seattle session. I am not aware 	<p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p>

<p>2. MS1 Spokane: During CPR, Seattle students were given the opportunity to learn more as to why GFR calculations were separate for African descent individuals; this was not touched on or even mentioned that this would be an option for WWAMI region students to learn more about (at least in Spokane). <i>If I hadn't watched the Seattle lecture that week, I would not have known about this.</i></p>	<p>of this being raised elsewhere. We are working to address this issue for all students at all sites by updating the syllabus and slides for the sessions for next year. We discussed this at a recent ARAC meeting, and we are putting a mechanism in place to address bias in the entire foundation's curriculum in a systematic way.</p> <p>We held a panel discuss with the UW department of nephrology in Seattle a few weeks ago. There were over 40 nephrologists from UW, HMC, VA, Children's and from the community. We discussed the race term in the EGFR formula used at our institutions, and the reasons to abandon the race term. We have reached out to other institutions (Tufts, UC San Diego) to learn about this topic on a national level. A group of us will be meeting with UW lab medicine soon to discuss options to remove race from the equations used to estimate GFR at UW. Our hope is to move this conversation forward here and elsewhere.</p>	
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Learning Environment

Concerns/Suggestions	Response/Current Progress	Contact Person
<p>An unprofessional incident that occurred during college mornings in Idaho was reported through the survey anonymously. Had the survey responder chosen to divulge their name, we would have reached out to them first for consent to share the information, but since it was anonymous, Seattle MSA felt an obligation to pass it forward so the issue can go through proper channels and be addressed immediately. It has been sent over to Melinda Frank. If you (survey responder) have any questions or have more information you would like to provide, please contact Melinda Frank.</p>	<p>(MF) Incidents in the learning environment should be directly reported to Melinda Frank through the Learning Environment Feedback Website, https://aaqt.som.uw.edu/. Even without the submitter's identity, we will investigate the incident as best as we can with the details we have.</p> <p>(MF) A discussion took place on 3/27/19 between Seattle and Idaho leadership regarding how to proceed from this incident. Idaho leadership, under the direction of Dr. Jeff Seegmiller, is actively addressing the concern.</p> <p>****Note to student - I am visiting Idaho on 5/7/19. Please</p>	<p>Melinda Frank (mmfrank@uw.edu) - Director of Learning Environment</p> <p>Peter G. Fuerst (fuerst@uidaho.edu) - Associate Director of Curriculum, WWAMI Idaho</p>

	<p>reach out to me if you feel comfortable doing so!</p> <p>Idaho admin (PGF): We are very grateful to the students for bringing this to our attention; addressing this incident is our top priority. We are confident that we will be able to develop a solution for this specific incident and to prevent similar incidents in coordination with the Seattle leadership.</p>	
<p>Students with families:</p> <ol style="list-style-type: none"> 1. Clerkships are not accommodating of students who are pregnant/nursing/have children. Examples include: the implication that taking time away from patient care in order to pump will result in a grade penalty; a student experiencing a difficult pregnancy had to do q4 overnight call with barely any sleep; pregnant students have been encouraged to make their own prenatal appointments on the weekends. Students should not have to advocate for these basic needs as it can reflect negatively on their grades; instead, the administration should make these requirements clear to all clerkship sites. 2. Clerkship schedules are provided very late, which makes it difficult to organize childcare. Needs to be at least 6 weeks in advance. 	<ol style="list-style-type: none"> 1. (SA/MF) Melinda is working on a document of legal requirements and other best practices to share with clerkships in either April or May. This document will be posted for students to access on the Student Affairs blog under the “pregnancy and parenting” tab (https://blogs.uw.edu/esom/miscellaneous/pregnancy-and-parenting/). A FAQ for students on this topic will be published here as well. 2. (SA) The goal to provide earlier notification of clinical schedules is an ongoing effort within the Patient Care and Explore & Focus committees. Since student schedules often depend upon the schedules of the clinical teams (which may not be available in the desired time frame) this remains a challenge that the school is working with clinical sites to address. 	<p>Melinda Frank (mmfrank@uw.edu) - Director of Learning Environment</p> <p>Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs</p>
<p>Needing follow-up after feedback:</p> <ul style="list-style-type: none"> ● Regarding areas for improvement with clerkship sites (Seattle MS3) ● Via the online learning environment reporting tool (Seattle MS1) 	<p>Melinda is working on a process to ensure information is shared back with students regarding feedback they have provided.</p>	<p>Melinda Frank (mmfrank@uw.edu) - Director of Learning Environment</p>
<p>Supporting students with marginalized identities:</p> <ul style="list-style-type: none"> ● UWSOM should be proactive rather than reactive, such as with the discussion on race provoked by the MDRD equation during CPR. 	<p>Thank you for this feedback. We are actively working to review the curriculum proactively. We are also working on faculty development in areas of race and gender. We next will be working on a learning platform that allows us to track</p>	<p>Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and</p>

<p>(Seattle MS1)</p> <ul style="list-style-type: none"> In order to better support queer students and students of color, faculty need mandatory training on issues of race, gender, and how to respond professionally to student feedback. (Seattle MS1) 	<p>which faculty have completed the faculty development covering these and similar topics.</p>	<p>Regional Affairs</p>
<p>Physical classroom spaces:</p> <ul style="list-style-type: none"> In Idaho: unstructured classroom with moving desks that are far from outlets, whiteboards are hard to read, projector is blurry, technical difficulties with clickers, lack of solo study spaces. (The only currently available quiet study space has a sign stating it is for administrative/faculty use.) 	<p>PGF: We worked with Mr. Johnson to address the clicker and students are welcome to develop a solution to the desk arrangement. We will use this feedback as we develop screens for the new building, we will start using this summer. Please feel free to work with Mr. Johnson to address Gritman building concerns. There is ample individual study space and many study carrels that are available in the HSB building.</p>	<p>Peter G. Fuerst (fuerst@uidaho.edu) - Associate Director of Curriculum, WWAMI Idaho</p>
<p>Issues of respectfulness within the student body:</p> <ul style="list-style-type: none"> MS1 Seattle: Concerns about whether students are voicing opinions respectfully (Seattle MS1) MS1 Idaho: Students are not supportive of each other and sometimes make fun of others in group work settings, which is stressful and generates anxiety. MS1 Idaho: Students who constantly complain create a negative learning environment. MS1 Spokane: Disrespectful comments in class/small groups (kidneys/ESRD) are regarded as “alternative opinions” and go unaddressed by faculty. 	<ul style="list-style-type: none"> (SA) Thank you for this feedback. If you have more specific feedback regarding this, please reach out to me - email to the right - as we work to develop a way to address respect in the student body. (RM) Respectful language and appreciation for different perspectives is part of the school culture that we want to cultivate. I am available to discuss where this might not be happening and how we can continue to encourage respectful dialogue. Idaho admin (PGF): We see ample evidence of students supporting and helping each other out and hope that the classroom learning environment will be supportive for all students. We encourage all our students to be supportive of their peers. 	<p>Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs</p> <p>Raye Maestas (maestas@uw.edu) - Associate Dean Student Affairs</p> <p>Peter G. Fuerst (fuerst@uidaho.edu) - Associate Director of Curriculum, WWAMI Idaho</p>

Clerkship

Concerns/Suggestions	Response/Current Progress	Contact Person
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<p>Clerkship Grading (MS3 Seattle)</p> <ol style="list-style-type: none"> 1. Clerkship grading is too subjective. Student grades are often dependent on number of preceptors they work with; this should be standardized better with additional training or more objective grading practices. The school should also look into pass/fail for clinical years. 2. Increased transparency in clerkship grading would be appreciated. There needs to be explanations for penalties in advance. 	<p>The school is in the process of modifying clinical assessments to align better across clerkships, map more closely to medical school objectives and focus more on observed activities and performance. We have been talking with the small number of peer institutions who have a pass/fail grading practice in clerkships and what might be the pros and cons of such an approach.</p>	<p>Mark Whipple (mwhipple@uw.edu) - Assistant Dean for Curriculum</p>
<p>Clerkship Accommodations</p> <ol style="list-style-type: none"> 1. It is tough for <u>students with families</u> to study for shelf exams. Some clerkships have built in half days which really helped but it would be nice if this could be standardized throughout all the clerkships. One way to provide enough time necessary is to give students the rest of the day off when students have didactics. 2. There is a need for standard minimum accommodations for <u>pregnant and breastfeeding students</u> across all clerkship sites. These should include provisions for adequate sleep for pregnant students, sufficient excused time to attend prenatal appointments, adequate time to eat and use the restroom while on shifts, provision of chairs during periods of prolonged standing, and private space for breastfeeding students (up to 2 years postpartum per WHO guidelines). Breastfeeding students also need a 20 min break every 3 hours. 3. Tuition structure for blocked courses needs to be changed so a student only taking a course for 4/12 weeks of the quarter pays only 4/12 of the tuition. 4. MS3 Sea: Students with <u>health conditions</u> need 	<ol style="list-style-type: none"> 1. Refer to “Students with Families” discussion in the Learning Environment section. 2. (SA) We will continue to work with clerkship directors and clinical site directors to address needs of pregnant and breastfeeding students. 3. (SA) Tuition is based on the number of credits for which a student is registered in a given quarter. 4. (SA) Disability Resource Service (DRS) is available to all students. Jamey Cheek, previous Director of Academic Support at UWSOM, now is the Director of DRS and we believe will understand challenges for medical students. If there are specific concerns with DRS, please let Dr. Allen know - suzaalle@uw.edu. 5. (SA) Please share ideas you have for helping students feel less isolated while on clinical rotations. If there are students who are interested in working on this, I’m happy to share what has been tried in the past. Feel free to contact Dr. Allen - suzaalle@uw.edu. 	<p>Melinda Frank (mmfrank@uw.edu) - Director of Learning Environment</p> <p>Mark Whipple (mwhipple@uw.edu) - Assistant Dean for Curriculum</p> <p>Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs</p>

<p>better support. Link between DRS and students needs to be strengthened and accommodations for students need to be more readily available and not denied because it might change one student's clerkship experience compared to another.</p> <p>5. MS4 Sea: Third year clerkships are extremely isolating. Is there a better way to support students emotionally when they disappear for rotations?</p>		
<p>Clerkship Schedules</p> <p>1. MS4 Seattle: Clerkship schedule distribution needs to be done in a timely manner, including accurate estimates of working hours and timing of call shifts. It is especially tough for student parents to find child care when they are only told of shifts on the first day of clerkship. If told before the 6-week deadline to drop a clerkship, they can take this into account in making decisions. (MS4 Seattle)</p> <p>2. MS3 Seattle: Schedules for clerkships need to be released farther in advance. It is really tough for students when they don't know their schedules until the weekend before a clerkship starts as they have things in their lives they need to plan as well. (MS3 Seattle)</p>	<p>The goal to provide earlier notification of clinical schedules is an ongoing effort within the Patient Care and Explore & Focus committees. Since student schedules depend upon the schedules of the clinical teams (which may not be available in the desired time frame) this remains a challenge that the school is working with clinical sites to address.</p>	<p>Mark Whipple mwhipple@uw.edu - Assistant Dean for Curriculum</p>
<p>Clerkship Selection</p> <p>1. It would be helpful to have increased transparency during the clerkship selection process. A curated summary of student evals would be helpful when ranking locations. (MS3 Seattle)</p> <p>2. Evalue is an unintuitive system with a confusing interface. Please explore other options to</p>	<p>1. Students previously had a website where they shared information regarding clerkships.</p> <p>2. (MC) eValue definitely is a complex system and can be confusing to navigate. We have looked at a few alternative systems in the past year, and either they wouldn't meet our specific needs, or they would not offer improvement in usability. That said, we are very interested in looking for ways to improve our use of</p>	<p>Michael Champion campion@uw.edu - Director of Academic and Learning Technologies</p> <p>Laura Ellis lbellis@uw.edu -</p>

<p>replace this system. (MS4 Seattle)</p> <p>3. Keep holidays/clinical start dates in mind prior to requesting tb tests/urine drug screens/fingerprints/background checks. For students leaving for rotations, it's difficult to get these done somewhere not in their hometown.</p>	<p>eValue so it is more straightforward for students, staff and faculty. To do this well, we're going to need more specific feedback. We just closed an educational technology system review survey that may provide some direction in this area, but please also feel free to contact campion@uw.edu with your perspective.</p> <p>3. (LE) Drug testing can be completed within one year of the clerkship start date if students are scheduled at a site that requires it. They should receive monthly reminders until they complete the requirement. Students can <u>order a drug test</u> any time. Students have access to their compliance documents and can <u>view compliance next due dates on eValue</u>. They can find instructions on how to complete the requirements on the <u>Compliance website</u>, in case they want to complete the requirements early.</p>	<p>Director of Compliance OR Compliance Staff somcompl@uw.edu</p>
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Other

Concerns/Suggestions	Response/Current Progress	Contact Person
<p>Idaho</p> <p>1. It was recently announced that certain students were selected "based on their backgrounds" to meet with donors for Idaho WWAMI. There should be more transparency about why certain students are selected above others for these opportunities.</p> <p>2. Lunch provided at required class meetings should include a healthy option and accommodate dietary restrictions.</p> <p>3. Counseling services - Student did not find the counselor to be motivated to help them and the counselor showed up late. Student did not feel supported.</p>	<p>Idaho admin (PGF): We appreciate the feedback from our Idaho class and the solid work our MSA reps did in encouraging participation- we are happy to have such a high response rate! We encourage you to reach out to us locally as well.</p> <p>1. Idaho admin (PGF): Students that are invited to meet with University of Idaho guests and donors interested in learning more about medical education in Idaho are invited based on their receipt of awards, current performance in the blocks, connections to the donor (for example sharing an undergraduate school), the donor's requests and diversity considerations such as having balanced gender groups. This is not a part of</p>	<p>Peter G. Fuerst fuerst@uidaho.edu -Associate Director of Curriculum, WWAMI Idaho</p> <p>Idaho MSA: Olivia Do, Vishnu Iyer Idaho Wellness: Gus Koch, Flynn McGuire</p> <p>Joanne Estacio-Deckard joanneed@uw.edu</p>

<p>4. Requests for funds for student events are often denied the majority of the time by Uofl admin for any number of reasons, seeming as if they don't want us spending the money, we as a class are given to spend for class events. We've only had one wellness event since the beginning of M1.</p> <p>5. Students are not allowed to have a coffee pot in our lounge area (Uofl administration has told students multiple times 'no' on this, their reason being that a coffee pot can get 'messy,' assuming that we are unable to clean up after ourselves, even though there have been no incidents since our matriculation regarding cleanliness of the lounge area).</p>	<p>the UWSOM curriculum, and we appreciate students volunteering their own time to help us interact with University of Idaho donors and guests. Students who are interested in how they can help promote University of Idaho outreach are welcome to reach out to us or the UI development center.</p> <p>2. Idaho admin (PGF): We typically provide lunches at our student events in Idaho as a courtesy. Our standard meal is a salad and variety of pizzas, sub sandwiches or catered meals. Because this is uncommon across the region, we will ask students to coordinate with their MSA and wellness reps to provision, arrange and cleanup meals at future events. This will restore parity in our WWAMI family because the MSA and wellness reps can coordinate meals at any site.</p> <p>3. Idaho admin (PGF): We appreciate the feedback. We are in a transition period with the counseling services. Please let us know what your specific needs are, and we will align you with appropriate services.</p> <p>(JE-D) Regarding the Counseling Service concern in Idaho - Mental health clinicians come from a variety of theoretical and training backgrounds and can have vastly different clinical styles of working with clients. A single counseling session is typically not a useful barometer of how helpful a therapeutic relationship will be. Concerns are best directed to the specific counselor, as these may reflect clinical issues deserving of being addressed within the counseling context. Though it is impossible to know why the counselor was late for the session, there are any number of legitimate reasons this may have occurred. Students are encouraged to discuss this and any other concerns that may arise, directly with their counselor.</p> <p>4. (Idaho MSA reps): We've had many wellness events</p>	<p>- Director, UW SOM Counseling & Wellness Service (Seattle)</p>
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	<p>since M1 (yoga, pumpkin carving, ice skating). This comment is from admin being hesitant on an event that required additional funds outside the wellness grant, but the issue has been resolved and the event is taking place.</p> <p>5. Idaho admin (PGF): Because the cafe immediately downstairs serves coffee, we did not initially anticipate student requests for a coffee maker. After students pointed out that they like to use the facility to study after hours we installed a coffee maker and adopted a policy so that students could propose other building modifications.</p> <p>(Seattle MSA): There was also comment about students in Seattle receiving free food after every exam and class meeting. We wanted to clarify that there was only 1 time when the Wellness Council bought bagels and coffee after a CPR exam. No food is being offered during class meetings in Seattle, but other sites may. There will be some differences in that regard. Thank you for bringing that up to our attention.</p>	
<p>Communication</p> <ol style="list-style-type: none"> 1. Need a guide to UWSOM faculty, what they do, and what their responsibilities are. Current job titles are not informative There are so many deans, it is confusing to figure out who to go to when there is an issue or question. 2. The Opal calendar should be published ahead of time. It is difficult to plan life events without knowing the class schedule. 	<ol style="list-style-type: none"> 1. (ES) There is a simplified staff directory at: https://blogs.uw.edu/esom/uw-school-of-medicine/academic-affairs-departments/ that Emily Slager maintains. I don't know if students are looking for one that includes faculty, deans, Foundations sites, etc. (RM) We can work on a more descriptive guide of what is offered by deans/faculty and key staff at various sites if this is what is being asked for. 2. (NC) I would like to know more specifically about what you would like published ahead of time. The name of sessions and the dates? (please contact Nick) We can work to see if we can release this information earlier. There is a concern that schedule changes can 	<p>Raye Maestas (maestas@uw.edu) - Associate Dean of Student Affairs</p> <p>Emily Slager (eslager@uw.edu) - Associate Director of Student Affairs</p> <p>Nick Cheung (somopal@uw.edu) - Curriculum Management</p>

	<p>occur (which happens frequently), so students will be expected to continue checking their opal calendars even after sessions have been published. Please let me know if you have specific suggestions.</p>	<p>Systems Manager</p>
<p>Financial Aid</p> <ul style="list-style-type: none"> ● Extremely difficult time getting financial aid information and critical information has fallen through the cracks multiple times. <ul style="list-style-type: none"> ○ Delay in scholarship announcements meant some took out extra loan money and accrued interest. ○ Impression that everyone would get scholarship money, then this did not happen. Need better and more timely communication in order to make appropriate financial decisions. 	<ul style="list-style-type: none"> ● Information was sent out by email, but it was often combined with other items or sent prior to start of the quarter. We will switch to sending out critical items separately and at the beginning of the year. Also, there were issues with getting our webpage updated, but that is being corrected. Information for 3rd year clerkships including information about late clerkship starts delaying financial aid disbursements was part of the credentialing and compliance webinar in January of their 2nd year. ● For current 4th year student's information for 4th year clerkships such as no aid if only registered for capstone and only ½ of your living expenses if only 8 credits were part of the residency planning forum which covered preparing for 4th year and the residency application process. ● The School of Medicine scholarships have always been needing based due to limited funds and this is covered on the web page that has the scholarship application and in the scholarship FAQs. Scholarship letters were delayed this year as we were notified later as to the amount of scholarship funds there was to award. We will make sure the scholarship letters are sent out earlier next year. 	<p>Diane Noecker dnoecker@uw.edu - Director School of Medicine Financial Aid</p>
<p>Castlebranch</p> <ol style="list-style-type: none"> 1. Sends out erroneous emails regarding deadlines and compliance. 2. Test (ex. PPD) was logged and recorded at UW, but with CastleBranch 3. Who should I go to with questions? 	<ol style="list-style-type: none"> 1. We acknowledge that CastleBranch is not a perfect system. The Health Sciences Immunizations Program has chosen CB to track immunizations compliance and HSIP manages the contract. CB emails are not entirely erroneous. If you receive an email it means a requirement is due. Deadlines are determined by the 	<p>Laura Ellis lbellis@uw.edu - Director of Compliance Compliance Staff</p>

	<p>SOM Compliance Office, not CastleBranch. Discrepancies in CB and SOM deadlines is explained in email notifications from Compliance staff.</p> <ol style="list-style-type: none"> The UW EMR and CB systems are not linked. Documentation from your healthcare provider needs to be uploaded to your MyCB account in order for CB reviewers to approve the document. Laura Ellis (information in the column to the right) 	<p>somcompl@uw.edu</p>
<p>TRUST</p> <ol style="list-style-type: none"> MS3 benefited from going to site each quarter to form relationships with attendings, clinical staff, and future patients during WRITE. It was difficult to balance with the rest of curriculum, but it was a great benefit and part of the reason people apply to TRUST. MS1s and MS2s no longer have any space or time for them to continue to have these experiences without having to sacrifice personal vacation time. 	<p>TRUST has been working to evolve with the curriculum and has changed from previous iterations markedly (and is continuing to do so). With that in mind, TRUST by definition, will require some work that other students are not doing. First summer experience, EHM at TRUST sites are examples. We are working to maximize the clinical experience, which is valued, fully inform the TRUST students about their work which is qualitatively different than their colleagues, and not duplicate learning endeavors. This remains in transition and the TRUST team works to provide the clinical experience with least possible impact to student's free time while honoring their choice to do the rural clinical work.</p>	<p>John McCarthy mccaif@uw.edu - Assistant Dean for Rural Programs and TRUST Co-Director</p>
<p>Tuition</p> <ol style="list-style-type: none"> Tuition and Seattle rent are too high, and it profoundly affects quality of life and many people's specialty selection How is UWSOM addressing this, especially with several tuition free medical schools now operating in the U.S.? 	<ol style="list-style-type: none"> Tuition at UWSOM is approximately at the average for public medical schools in the US. I agree that the cost of living in Seattle is high. UWSOM continues to fundraise for scholarships - it is the highest priority for the education advancement team - to help alleviate the cost of attending medical school. While there are a handful of medical schools that offer "full-tuition" scholarships, they are predominantly private institutions. 	<p>Suzanne Allen suzaalle@uw.edu - Vice Dean for Academic, Rural and Regional Affairs</p>
<p>WWAMI Opportunities</p> <ul style="list-style-type: none"> Disappointed in the number of opportunities that are not available to the other sites besides Seattle. Most of the workshops or talks that are 	<ul style="list-style-type: none"> (ES) Emily will keep an eye on the list serve and encourage Zoom. (SA) The School will continue to work on making all opportunities available across the region. 	<p>Emily Slager eslager@uw.edu - Associate Director of Student Affairs</p>

<p>available to Seattle students are often not recorded for WWAMI students yet emails are still received.</p>		<p>Suzanne Allen suzaalle@uw.edu - Vice Dean for Academic, Rural and Regional Affairs</p>
<p>Concurrent Degree Students</p> <ul style="list-style-type: none"> ● Want centralized resource for students pursuing concurrent degrees/expanding so that they can stay in touch with the med school effectively - especially students coming to Seattle from the WWAMI region. <ul style="list-style-type: none"> ○ Creating/maintaining connections between students and faculty; College mentors if in Seattle or individual faculty if not from Seattle 	<ul style="list-style-type: none"> ● (SA) I am happy to work with the student on their idea for maintaining better connection with UWSOM while working on a concurrent degree. ● Students who offered to help with this process, please contact Dr. Allen 	<p>Suzanne Allen suzaalle@uw.edu - Vice Dean for Academic, Rural and Regional Affairs</p>
<p>Residency Planning</p> <ul style="list-style-type: none"> ● Would appreciate a brief overview of what preparing to be a competitive residency applicant looks like 	<p>Brief overview of preparing to be a competitive residency applicant: Refer to NRMP Director Survey for Factors Residency Programs Selecting Applicants to Interview</p> <p>General:</p> <ul style="list-style-type: none"> ● Volunteer and/or Research Experience including Leadership Experience ● Networking: projects with mentors, conferences, faculty, personal/community <p>MS1-MS2:</p> <ul style="list-style-type: none"> ● Step 1: MOST CITED FACTOR IN THE NRMP DIRECTOR SURVEY <p>MS3-MS4</p> <ul style="list-style-type: none"> ● Grade in 3rd year clerkship ● Step 2 ● Grade in specialty ● Sub I's and Away rotations depending on specialty ● Letters of Recommendation ● Personal Statement 	<p>Linh Ngo medadv@uw.edu - SOM Career Advisor</p>

	<ul style="list-style-type: none">• Awards/Honors in clinical clerkships, desired specialty, AOA, Gold Humanism, Service Award• Perceived commitment to specialty	
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