

We Heard You #4 - June 2019

The 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!

Your MSA Team:

Bartholomew Grabman, Alaska President
Allison Hourigan, Alaska VP
Shad Spooner, Alaska Treasurer

Olivia Do, Idaho President
Vishnu Iyer, Idaho VP
Samuel Kosydar, Idaho Treasurer

Quin Stevens, Montana President
Michael Robinson, Montana VP
John Meuli, Montana Treasurer

Taylor Bozich, Spokane President
Marjorie Thompson, Spokane VP
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Erica Qiao, Seattle VP
Mary Gwin, Seattle Treasurer
Sangeetha Thevuthasan, WWAMI Liaison
Michael Cruz, Seattle Secretary
Ky Ngo, Seattle Technology Officer
Elroy An, AAMC/WSMA Liaison

Site-Specific Survey Ratings (1- Strongly Disagree & 5-Strongly Agree)

*Please note these site ratings include students from all years.

MS1: 40, MS2: 4, MS3: 5, MS4: 13, Expanded MS4: 0, MD/PhD: 0	Site:	AK (13)	ID (11)	MT (7)	Sea (17)	Spok (7)	WY (7)	Avg. (61)
In general, I think the UWSOM's learning environment is respectful.		4.69	4.09	4.29	4.06	4.14	4.86	4.32
The curriculum or my clerkship experience has been appropriately rigorous.		4.69	4.27	4.57	3.82	3.71	4.43	4.23
I have been able to maintain a good school/life balance.		4.38	3.09	3.71	3.47	3.86	4.00	3.73
I feel supported by student support services (e.g. wellness, counseling).		4.23	3.27	3.57	3.35	3.86	4.00	3.68
My experience at the UWSOM has been overall positive.		4.46	4.00	4.43	3.59	4.14	4.43	4.10

Appreciations & Acknowledgments

Positive Feedback

Clinical Experiences

- Seattle MS4: Overall, I feel that I have received extraordinary clinical training as a UW med student and feel very prepared to start residency.
- Seattle MS4, WY MS3, MT MS4, ID MS3: Rotations are Excellent

Administrative Support for Students

- AK MS1 (2): Everyone involved in this program has been supportive, respectful, understanding, and helpful. Thank you to our amazing doctors and professors in **Alaska!**
- Seattle MS1: A few faculty members have shown the kind or genuine support I was seeking. **Edwin Lindo, Molly Jackson, Margaret Isaac, Danielle Ishem.** That support is not just showing up to be present when teaching but really meaning it when they ask you how you are doing; these professors and staff have also made a point to email me at one point or another or check in on me just because. This is what investment of students should look like.
- WY MS1: Great faculty, resources, and lectures. It's a lot of information but is very manageable. We feel very heard in **Wyoming**, especially with our **Dean and Assistant Dean.** FCM and all the other aspects of our education have been incredible thus far.
- WY MS1: Wyoming is doing great student support. **Wyoming administration** does a great job ensuring student success and overall happiness.

- **ID MS1:** I genuinely want to thank all the faculty and staff that have been extremely helpful and understanding. They all work extremely hard to give us an amazing education, beautiful facility, and exceptional support
- **ID MS1:** The pathology lectures by **Dr. Hodges** are very concise and helpful.
- **ID MS1:** **Dr. Seegmiller and Dr. Fuerst** are awesome and deserve more credit and recognition for the positive things they do. I have always had good interactions with the administration, and all concerns I have personally brought up with them have always been addressed quickly and promptly.
- **ID MS1:** I have really enjoyed my interactions with all of the staff here. Our **Director** has been great about helping the program expand and our **Associate Director** of curriculum really cares about the students and has done a great job listening to our concerns and making changes accordingly.
- **ID MS2:** I really appreciated the support I got from **Dr. Freeman (Idaho)** during my step prep when I was freaking out. I also loved working with **Gloria** for the elective rotation scheduling. She was very helpful and responsive via email.
- **Seattle MS4:** Found the **counselors** very approachable and easy to schedule with, and they helped me through a rough time during medical school
- **Seattle MS4 (2):** Overall, 4th year has been a very positive time. Adequate communication during interview season from support staff, such as **Rachel Fong**, adequate resources for scheduling interviews, and great elective offerings in Seattle area during 4th year.

Curriculum

- **AK MS1:** Small group sessions in E&H have been great. Really valuable and we're all learning a lot.
- **AK MS1:** I really enjoyed the lecture to board bites to 9 person case studies format. It really helped cement new concepts repeatedly each day.
- **Seattle MS1:** I appreciate the patient perspectives during E&H!

Curricular Pacing

- **AK MS1:** Overall, good class engagement with curriculum and the academic rigor is appropriate.
- **ID MS1 (2):** I am grateful for the 18-month curriculum. It is strenuous, but I would much rather take step 1 sooner allowing more clinical time. Students get awesome scores in 18 months, so it obviously works. I am looking forward to my summer research opportunity to take a break from class and focus on something else. Has even allowed me to do extra studying on the side to stay refreshed on all of the topics we have covered previously. Weekly tests have been really good at keeping me from falling behind or ignoring material for days at a time
- **ID MS1:** Emphasis on developing clinical skills through hospital morning and PCP. I love that we are able to get in and see patients so early on in the process, and work through many of our weaknesses along the way. I hope this doesn't change.
- **Spokane MS3:** Allowing me to continue pursuing the things I like outside of medicine. Plenty of time work life.

Foundations Phase Curriculum

Concerns/Suggestions	Response/Current Progress	Contact Person
<p>USMLE Step 1 Preparation</p> <ul style="list-style-type: none"> ● ID MS1, Spokane MS2, MT MS2, MT MS4 (6): There is frustration that the UW curriculum does not closely align with the USMLE Step 1 exam. Several students identified that there are important topics covered in class that are not tested on Step 1, while many topics that are tested on Step 1 are not covered in the curriculum, and it is often unclear whether topics covered in-class are important for boards. Several students expressed concern that the curriculum and exams felt easy compared to Step 1. <ul style="list-style-type: none"> ○ AK MS1: We receive lots of Step information from different sources and it becomes repetitive. Would like to see more NBME questions for block exams or have more cumulative testing within blocks as a way to better integrate material. ○ Seattle MS1: I would like to see more 1:1 counseling and check-ins to make sure that all of us have the right plan to study for Step 1. Please provide more free resources. 	<ul style="list-style-type: none"> ● Thanks for your feedback regarding the curriculum and its alignment with Step 1. The faculty and students have contributed significantly to the continuous quality improvement of the curriculum. While Step 1 does not test everything a student should know to become an excellent physician we believe that it is one of many valuable metrics in your career path. We continue to evaluate the alignment of content with the assessments both in the block and in Step 1. ● The UWSOM is committed to making sure not only that our students pass step 1, but that they get the highest score possible. Many efforts are underway to address step 1 success: <ul style="list-style-type: none"> ○ Our faculty are reviewing NBME questions, and commercial products (Boards and Beyond, First Aid, Pathoma, UWorld, Sketchy, etc) to inform us so we can better align our curriculum with USMLE step 1. ○ We are adding an NBME CAS exam this spring, (in addition to the NBME CBSE in the fall) so students have more practice with these questions. Based on the feedback on the NBME CAS, we will likely add more next CAS examinations year ● We are working to improve all sessions and the student experience in the curriculum. We recently hired Edith Wang, associate professor in the department of pharmacology, to serve as the assistant dean for basic science. In her new role, Edith will focus on ensuring that our content aligns closely with step 1. She will also increase the emphasis on threads and improve integration between blocks. We have also hired additional faculty this spring to help with faculty development to improve small group sessions, and to 	<p>Michael Ryan mjryan@uw.edu - Associate Dean for Curriculum</p>

<ul style="list-style-type: none"> ● Seattle MS1: Students should have the ability to take Step 1 after their general core clerkships. We are at an unfair disadvantage with other top-ranked medical schools in the country. 	<p>improve learning resources and individual sessions for all blocks.</p> <ul style="list-style-type: none"> ○ We have a work group (about 20 faculty) that is evaluating the pros and cons of moving step 1 until after clerkships. We have reviewed much of the literature on this, and reached out to over 10 schools who have made the move to learn more about the risk and benefits. Many schools have found an upside to the move, but at least one moved it from after clerkships to the original place (back to right after foundations phase) based on a negative experience at that school. Another school found shelf exams in clerkship went down (after the move for step 1 to after clerkships) with more clerkship troubles. We are approaching this carefully and will have a recommendation soon - 	
<p>ANKI and Spaced Repetition</p> <ul style="list-style-type: none"> ● ID MS1: MS1s have varying comfort with use of Anki. Use of spaced repetition tools like Anki need to be taught through a UWSOM workshop and/or by knowledgeable UW advisors so that all students have an equal chance to use it. Students should not have to rely on their classmates to teach them Anki. ● ID MS1: Consistently incorporated use of spaced repetition (Anki or Osmosis) in the curriculum would raise UWSOM average STEP score. Each lecture could be officially associated with 50-80 facts/cards that students then utilize and review throughout the curriculum. 	<ul style="list-style-type: none"> ● Thank you for your response regarding ANKI. There are about a dozen tools available to medical students to help them be successful. Each academic learning specialist can give general information on the use of each tool but will have limited experience using them. We continue to encourage students to share what they have learned with both the academic learning specialists and their peers as new technology is created. ● We have discussed adjusting the immersion to include more instruction on how to learn. One component of that might be to introduce ANKI or other approach to spaced repetition. 	<p>Jeff Seegmiller jeffreys@uidaho.edu - Director of WWAMI (Idaho)</p> <p>Michael Ryan mjryan@uw.edu - Associate Dean for Curriculum</p>

<p>Foundations Curriculum Schedule</p> <ul style="list-style-type: none"> ● AK MS1: Scheduling of two exams (multiple-choice exam and an anatomy pin test) over the Easter holiday made students forego religious participation in order to prepare for exams. ● Seattle MS4: Scheduling should be done well in advance and centralized. There are different calendars and it is often unclear what is truly required versus what is optional, which makes planning events in advance difficult. ● ID MS1: The curriculum is too compressed for the volume of material we are expected to learn and 15 months is not adequate to learn all of the Foundations curriculum. 	<ul style="list-style-type: none"> ● Thank you for your response regarding the foundations curriculum. We agree that there is a lot of material “compressed” into the foundations phase. The implementation of curriculum renewal in 2015 was to address these challenges as well as student wellness. The result was to decrease the in-class portion and integrate topics similar to how a patient would present themselves to a doctor. ● We continue to evaluate the amount of content students are expected to learn in the foundations phase and appreciate your input. 	<p>Jeff Seegmiller (jeffreys@uidaho.edu) - Director of WWAMI (Idaho)</p>
<p>Curriculum Specifics</p> <ul style="list-style-type: none"> ● ID MS1: Curriculum is not great overall. If major changes are not made, students should have the option to stay home and teach themselves instead. ● Spokane MS1: Significant increase in direction and rigor of didactic curriculum. The focus on social determinants of health is necessary but disproportionate to the didactic training needed. I was horrified by how unprepared I felt for step 1. 	<ul style="list-style-type: none"> ● Some specifics here would be helpful as a general statement about the curriculum does not give us anything to work with. I welcome feedback so please reach out to me personally or to anyone in Wyoming WWAMI that you feel most comfortable providing feedback to. ● We appreciate the input students have provided to improve the quality of the curriculum. We would appreciate any information on how the curriculum could be improved further so that students can get the most benefit from it. ● We appreciate the comment regarding content on Obesity, Nutrition/Diets. We continue to evaluate the content and knowledge needed to practice medicine and what is tested on Step 1. ● An important goal for the foundations phase is to prepare students for step 1. We also feel it is important to cover 	<p>Tim Robinson (TJrobin@uwyo.edu) - Wyoming Foundations Dean</p> <p>Jeff Seegmiller (jeffreys@uidaho.edu) - Director of WWAMI (Idaho)</p> <p>Michael Ryan (mjryan@uw.edu) -</p>

<ul style="list-style-type: none"> ● ID MS1: Obesity, Nutrition/Diets are important but should not be included in main curriculum. Possibly offered as elective or worked into a Foundations workshop. Classmates don't pay attention because it's not on Step 1. ● MT MS1: There are multiple disconnects between the syllabi and PP in the E&H block, and the syllabi long and convoluted. Organization of the blocks is extremely different and study materials often seem haphazardly thrown together. 	<p>topics that are necessary to be successful on the wards; there may be topics that we chose to cover that are not on step 1.</p> <ul style="list-style-type: none"> ● As for obesity and nutrition, it is on the USMLE content list (pg 26) so we chose to cover it. Students in the past have asked for more nutrition. <p>https://www.usmle.org/pdfs/usmlecontentoutline.pdf</p>	<p>Associate Dean for Curriculum</p>
<p>Lectures & Testing</p> <ul style="list-style-type: none"> ● Seattle MS1: There remains a disconnect between teaching and testing. Especially right now, GI seems hesitant to actually teach us, yet highlights on exams things that were mentioned in one sentence. ● Seattle MS1: We need more rigorous expectations, mini-lectures that are nothing more than a vocabulary lesson is helpful to future learning. ● AK MS1: I&D structure - long lectures on bacteria were not beneficial. ● Seattle MS1: I would really love if we had more structured teaching in E&H (i.e., longer lectures) because it is hard to guarantee that all students are having adequate instruction in small groups. 	<ul style="list-style-type: none"> ● The Idaho questions are addressed in the Idaho Specific document. ● Our curriculum committee held a retreat earlier this year, where we agreed with the concern about the rigor of assessments in the foundations phase. We are evaluating the entire assessment plan, with an eye toward increasing rigor (which should help better prepare students for step 1) ● We do hold "skull sessions" prior to each small group in E & H to provide instruction to faculty on how best to teach. It sounds like that was not successful for you. We are still reviewing all comments for that block. 	<p>Jeff Seegmiller (jeffreys@uidaho.edu) - Director of WWAMI (Idaho)</p> <p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p>

<ul style="list-style-type: none"> ● ID MS1: Lectures are not well organized for active learning. Many times lecture goes way over the allotted time. ● ID MS1: Lecturers are so used to the old format of passive lecture-based learning that lectures spill over into the active learning time (cases). 		
<p>Cases</p> <ul style="list-style-type: none"> ● WY MS1: There is inconsistency on case organization between blocks with some being great others being suboptimal. Could all block leads go through training to run cases similarly? ● AK MS1: Info from small group work and cases could be delivered more efficiently. ● AK MS1: CPR - cases were well-written and helpful, but students would prefer to have the answers beforehand similar to E&H. ● Seattle MS1: I would like more consistent teaching across small groups! ● ID MS1: “Facilitators” become “lecturers” again during case studies, which turns our limited active learning into passive learning. Break groups down smaller and have facilitators bounce between groups of 3-4 	<ul style="list-style-type: none"> ● I agree that there has been some inconsistency between blocks on the quality of cases. We had a faculty development recently that our block and thread leads attended to further develop our case presentation skills. We anticipate having another faculty development in this area in the fall. Thanks for this comment ● We agree that small group sessions and are intended to follow the active learning pedagogy with participation from both students and facilitators. We continue to have faculty development on active learning and facilitation techniques. We also encourage students to come prepared so that the sessions can have full benefit to the class. ● We are working on keeping sessions within their assigned time periods. ● We hired an additional faculty member (Jim Boonyaratanakornkit) for I and D. His main focus will be to improve the active learning session in I and D. we also 	<p>Tim Robinson (TJrobin@uwyo.edu) - Wyoming Foundations Dean</p> <p>Jeff Seegmiller (jeffreys@uidaho.edu) - Director of WWAMI (Idaho)</p> <p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p>

<ul style="list-style-type: none"> ID MS1: Case studies are a mad rush if lectures run long and participation is lacking because students want to get done and get out even if the 4 hours aren't up yet. 		
<p>EHM</p> <ul style="list-style-type: none"> MT MS1: TRUST students have extra assignments that do not add to learning but take away from clinical experience and STEP study. 	<ul style="list-style-type: none"> The TRUST experience is meant to augment your medical school experience. Please feel free to contact me if you would like to further discuss your experience with TRUST. 	<p>Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs</p>

Clerkships

Concerns/Suggestions	Response/Current Progress	Contact Person
<ul style="list-style-type: none"> MT MS4: Faculty need to step in if students make comments that are inappropriate 	<ul style="list-style-type: none"> Thank you for providing this feedback. It will be helpful if you can provide specific feedback regarding this during your end of clerkship evaluation. This allows us to address this directly with the faculty. 	<p>Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs</p>
<ul style="list-style-type: none"> MT MS4: Some faculty have made it obvious if they don't want to teach something 	<ul style="list-style-type: none"> Thank you for providing this feedback. It will be helpful if you can provide specific feedback regarding this during your end of clerkship evaluation. This can then be addressed with individual faculty as needed. Every clerkship has a set of objectives which it is responsible for teaching throughout all sites. If a clerkship site is not teaching any one of these objectives, please notify the site director or clerkship director. The Curriculum office or Learning Environment Director are other avenues, as is an anonymous report. 	<p>Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs</p> <p>Mark Whipple (mwhipple@uw.edu) - Assistant Dean for Curriculum</p>

<ul style="list-style-type: none"> ● ID MS3: Discrepancy between education work/life balance between sites (e.g. some are there 80 hrs a week with no patient care opportunity while others are directly caring for patients 40 hrs a week) 	<ul style="list-style-type: none"> ● Thank you for providing this feedback. I would appreciate more specific information regarding this discrepancy to work to correct this. 	<p>Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs</p>
<ul style="list-style-type: none"> ● ID MS3: I have had poor experiences with deans/admin and don't feel that deans/admin truly care about students' well-being or education. 	<ul style="list-style-type: none"> ● I am sorry that you have had a poor experience with deans and administration. I would appreciate more information regarding your experience. Please email me at suzaalle@uw.edu. ● I also would appreciate hearing about your experience and sincerely want to address your concerns maestas@uw.edu. 	<p>Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs</p> <p>Raye Maestas (maestas@uw.edu) - Associate Dean of Students</p>
<ul style="list-style-type: none"> ● ID MS3: Lack of counseling services during clerkship phase 	<ul style="list-style-type: none"> ● Students completing clerkships in Anchorage, Bozeman and Laramie may access the Foundations Phase counselors for services. Unfortunately, the Idaho and Spokane counseling sites are unable to see third- and fourth-year students due to contract and university-specific restrictions. For students completing clerkships in the Seattle area, the Seattle counselors provide services both at the UW and at Harborview Medical Center (first and third Wednesday from 4-8 pm). The Seattle Counselors have also developed a distance counseling program to better support our clinical students and can provide therapy sessions via Zoom technology for students located in all states except Alaska (due to licensing challenges there). We are also available for telephone consultations (regardless of a student's location) as needed. All counselors will assist students in identifying private practice clinicians, should this be desirable. We will 	<p>Joanne Estacio-Deckard (joanneed@uw.edu) Director, Medical Student Counseling & Wellness</p> <p>Raye Maestas (maestas@uw.edu) - Associate Dean of Students</p>

	<p>update the Counseling Services website to more accurately reflect this information.</p> <ul style="list-style-type: none"> ● It would be helpful to me to hear from students about their specific challenges in seeking and obtaining counseling services during the clinical phase, Raye Maestas, maestas@uw.edu <p>Follow up: 7/1/19</p>	
<p>Clerkship Grading</p> <ul style="list-style-type: none"> ● MT MS4: Unclear how PRIME grading system translates to the grading given at end of clerkship ● Seattle MS4 (2): Should be pass/fail due to inherent subjectivity of clerkship grading as well as unintentional biases (about age, race, gender, and personality) ● Seattle MS1: Just read the paper Dr. Low and Dr. Maestas published, titled "Racial/Ethnic Disparities in Clinical Grading in Medical School." If UW doesn't follow up or do any action, neglect makes our EHM week look like a smokescreen. Please consider coming up with actionable steps towards addressing this issue so that grading is standardized. 	<ul style="list-style-type: none"> ● Different clerkships have their own grading criteria, which is explained on their website. There have been (and continue to be) efforts to standardize the grading format across clerkships in order to make the grading process more transparent to students and less prone to implicit bias. Currently all required clerkships use a combination of a "clinical grade" based upon direct observation of student clinical performance, and an "exam grade" based upon a nationally standardized exam (when available). The final grade is a combination of the clinical and exam grade – the specific combination differs by clerkship but is spelled out on the clerkship site. Several clerkships use a grading rubric known as P/RIME to assign the clinical grade, which is a synthesis rather than a summation of individual assessment items. ● The school takes the issue of implicit bias in clerkship grading seriously and is working on multiple fronts to mitigate its impact. In response to concerns regarding implicit bias raised by the study by Dr. Low, et al, the school has taken the following actions: <ul style="list-style-type: none"> ○ 1) The Center for Equity, Diversity, and Inclusion developed an implicit bias module that has been distributed to clinical educators involved with teaching and assessing medical students. To date more than 900 faculty have completed the module. In 	<p>Mark Whipple mwhipple@uw.edu - Assistant Dean for Curriculum</p>

addition, there have been several faculty development workshops and presentations on implicit bias. The school is working to develop a dashboard to track completion of required faculty development materials, including around this issue.

- 2) Curriculum has worked with the UW School of Education to looking at curriculum-based factors, such as the effect of individual clerkship sites. This suggests that differences in grade distribution between individual clerkship sites are a contributor to the differences we are seeing, and has led us to redouble efforts on several fronts:
 - Close monitoring of grade distribution on a clerkship and site-specific level
 - Active faculty development within each clerkship to ensure equivalent application of grading criteria between sites
 - Major revision of the assessment forms used by clerkships to closely and transparently align with clerkship objectives and core medical student competencies
 - Adopting best practices wherever possible, such as assigning grades by grading committees that consider multiple evaluations and historical site grade distributions
- 3) The study co-authors are in the process of collecting and analyzing additional years of data, which should help provide information about the outcomes of these efforts as well as additional potential interventions.
- 4) We are also performing analysis of narrative assessments from clerkships to investigate whether there are differences in descriptions of student performance by race/ethnicity and by gender. Parallel work by colleagues at UCSF and Brown was recently

	<p>published and did show differences at their institutions. Other medical schools are in the process of examining their own data for grading disparities.</p> <ul style="list-style-type: none"> ● We have been engaged in a number of conversations with our sister institutions regarding the issue of Pass/Fail clerkship grading, and are in the process of putting together a working group to look at this important and complex issue. It will be critical to consider how such a change could effect areas such as the emphasis on USMLE scores and our students' competitiveness in residency applications. 	
<p>Clerkship Scheduling</p> <ul style="list-style-type: none"> ● MT MS2: Options of clerkships/timelines/requirements/process is not clear and confusing ● WY MS3: Not receiving information early enough about rotations (housing info is given too late, other clerkship info given before start date) ● Seattle MS4: Difficult to schedule electives in WWAMI region during 4th year ● Alaska MS4: Issues in communication and scheduling - left waiting for administration and outside paperwork for approval for away rotations and interviews 	<ul style="list-style-type: none"> ● Details and webinar about scheduling can be found at: https://sites.uw.edu/medevalu/patient-care-required-clerkships/ ● One of the challenges of regional electives is that many require that the student obtain 'permission' from the clerkship. This is largely due to the challenge of a clerkship site with few providers being able to commit to having a student in a specific time frame. We continue to work with regional clerkships to allow more central scheduling, rather than by permission but this remains a challenge in a regional clerkship setting. 	<p>Mark Whipple (mwhipple@uw.edu) - Assistant Dean for Curriculum</p>
<ul style="list-style-type: none"> ● Seattle MS4: My pediatrics clerkship at Madigan Army Medical Center was a terrible educational experience not because there was anything wrong with 	<ul style="list-style-type: none"> ● Thank you for this feedback. This will be shared with the Pediatric Clerkship to ensure that all students have a similar experience. 	<p>Suzanne Allen (suzaalle@uw.edu) -</p>

<p>the faculty but because there was not enough clinical volume to support medical student education. Sites should have, across all clerkship specialties, some sort of minimum "what you need to see" in real life (not just CLIPP cases, which are a rather poor substitute for seeing real pathology)</p>	<ul style="list-style-type: none"> As noted, clinical volume can be variable across sites (and even seasons of the year at individual sites). Required clinical encounters are tracked for each clerkship, with the goal that the large majority of students have these clinical experiences (rather than an alternative educational activity such as a CLIPP case). Clerkships monitor the overall clinical experience of students and make ongoing decisions regarding the structure and capacity of clerkship sites based upon their own tracking and student feedback. 	<p>Vice Dean for Academic, Rural and Regional Affairs</p>
<ul style="list-style-type: none"> Seattle MS4: Students have no way of seeing reviews of clerkships/sites from the evaluations we all painstakingly fill out at the end of each clerkship. We need access to some of this information to help guide our decisions. The current system mostly has reviews from 2000-2014. 	<ul style="list-style-type: none"> The clerkship review site (https://staff.washington.edu/dolson/clerk/) is a voluntary, "unofficial" review site that students can use to share information with each other about clerkship sites. These reviews are completely separate from the end-of-clerkship evaluations that students submit about their experience. The end-of-clerkship evaluations are the ones used by clerkship faculty and administration to make improvements, but they cannot be shared directly with others – including other students – because they are confidential. 	<p>Dan Olson (dolson@uw.edu) - Center for Equity, Diversity & Inclusion Research Analyst</p> <p>Matthew Cunningham (cunningm@uw.edu) - Director of Educational Evaluation</p> <p>Michael Campion (campion@uw.edu) - Director of Academic and Learning Technologies</p>
<ul style="list-style-type: none"> Seattle MS4: MSA needs to figure out the platform for trading clerkships. 	<ul style="list-style-type: none"> We are currently working on getting it up with the MSA Tech representative and working on getting the site up earlier to make it easier for students. 	<p>Michael Campion (campion@uw.edu) - Director of Academic and Learning Technologies</p>

Learning Environment

Concerns/Suggestions	Response/Current Progress	Contact Person
<ul style="list-style-type: none"> WY MS3: Professionalism is perceived as a one-way street. Focus is placed on professionalism of students and less on faculty/professors/admin. 	<ul style="list-style-type: none"> We take professionalism very seriously in Wyoming and I would appreciate the sharing of professionalism issues - feel free to contact me or others in Wyoming WWAMI. Thank you for bringing this to our attention. While it is true that our initial focus has been on monitoring and addressing unprofessional behaviors on the part of faculty in the clinical phase, the new Learning Environment Feedback Tool is giving us information to address these concerns in the Foundations phase as well. https://aaqt.som.uw.edu/ 	<p>Tim Robinson (TJrobin@uwyo.edu) - Wyoming Foundations Dean</p> <p>Raye Maestas (maestas@uw.edu) - Associate Dean of Students</p>
<ul style="list-style-type: none"> Spokane MS3: WWAMI students from outside of Seattle often haven't been exposed to the intense social teaching until their arrival in Seattle. Faculty from Seattle need to have more grace for those who have never previously experienced that environment. 	<ul style="list-style-type: none"> This is an important issue and I would love to understand more about the specifics around the concern of intense social teaching. Your input would help inform faculty development around these issues. Please feel free to contact me at maestas@uw.edu 	<p>Raye Maestas (maestas@uw.edu) - Associate Dean of Students</p>
<ul style="list-style-type: none"> Seattle MS4: More faculty engagement in student learning and success. 	<ul style="list-style-type: none"> This is a goal that is very important to our faculty and administration. We must continue our efforts in optimizing student learning and success. I am open to hearing more about your experience and how we can improve this. 	<p>Raye Maestas (maestas@uw.edu) - Associate Dean of Students</p>
<ul style="list-style-type: none"> There seems to be mixed reviews on mandatory classes/small groups. A couple students commented on how much they appreciate mandatory classes and interacting with and seeing their classmates regularly. One student suggested, however, that when things are mandated, it takes away the 	<ul style="list-style-type: none"> The attendance policy generates strong emotions on all sides. It is an ongoing project. We don't have it right at this point. Perhaps a clarification about the goals of the curriculum overall would be helpful as we frame the discussion and policy. The goal of the UWSOM curriculum is to train our students in the knowledge, skills, and attitudes necessary to be excellent 	<p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p>

autonomy of students and makes learning process more forced. Another student commented saying they would prefer to learn on their own.

physicians. These skills are delineated in the eight competency domains listed in our program objectives:

- Patient care
- Knowledge for practice
- Practice based learning and improvement
- Interpersonal and Communication Skills
 - Professionalism
 - Systems-Based Practice
 - Interprofessional Collaboration
 - Personal and Professional Development

- A major goal of the foundations phase is to address the knowledge for practice domain, because Step 1 is almost all about knowledge for practice. We recognize how important this test is in the match process, and we are doing our best to make sure all students are successful.
- Where does attendance come into this? Many students report that attending required sessions is inefficient for their learning, and prefer to not attend. We hear you.
- One goal of small groups is to actually prepare students for step 1 - ie we hope to provide active learning opportunities that solidify the knowledge needed for step one. For example, Scott Freeman (UW biology department) found that active learning reduces failure rates and improves student performance on examinations by 0.47 standard deviations. (Link to article) The literature suggests that if done well, the small groups may improve retention and recall later, which overall is probably MORE efficient for learning.
- We do recognize that not all sessions go well, and some are not as useful. Why are they not effective?
 - Some sessions are not well designed and are not the best use of an active learning format.
 - Not all small group leaders are equally skilled.

○ Student participation and preparation for small groups varies. If students are not engaged, it is not as productive for all.

- We are doing our part to address the first two bullets above. We hired more faculty to help with faculty development to improve small group sessions, and to improve learning resources and individual sessions for all blocks. We will start with the least effective sessions. Input from students to identify these would be very helpful.
- I hope that the students appreciate that the goals of the foundations phase extend beyond knowledge for practice. We also work to help students develop additional important skills. While the number one factor for residency admission according the NRMP Program Director Survey is Step One score, the number two factor is the letters of recommendation in that specialty. Specifically, residencies are looking at these letters for qualities such as:
 - Ability to develop and justify an appropriate differential diagnosis and a cohesive treatment plan
 - Ability to interact effectively with others on the health care team and communicate in an effective and caring manner with patients and their families
 - Ability to understand how their role contributes to the common goals of the entire care team
 - Quality of work ethic, altruism, professional demeanor, and willingness to assume responsibility
 - Needing less guidance than peers during residency.
- Our small group sessions are designed not only for step 1, but also to help students develop skills in the following domains: patient care, interpersonal and communication skills, professionalism, and personal and professional development. The intent is to prepare students to perform well during

	<p>clerkships (which translates to quality letters of recommendation). In fact, a survey of the clerkship site directors suggests that these skills are better developed than they had been in the legacy curriculum.</p> <ul style="list-style-type: none"> ● Attendance in session where patients are present is important for many reasons. One is that the patient puts a name and face to the diseases and basic science, which improves retention and recall. More importantly, the patients are generous with their time, and describing their health challenges and interactions with the health care system can be a very vulnerable experience. Lack of attendance when patients are present is disrespectful. ● The UWSOM administration hears from some students that they have other commitments that preclude attendance. This is troubling, in that the faculty feel that medical school is a full-time commitment. Not showing up feels disrespectful to the faculty who volunteer their time to teach the next generation of physicians ● For next fall, we have no plans to increase the number of required sessions, but for the reasons above we do plan to clarify the benefits/consequences for students with excellent participation and lack of attendance, respectively. <p>We welcome continued conversation about this topic.</p>	
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Student Support

Concerns/Suggestions	Response/Current Progress	Contact Person
Career Advising	<ul style="list-style-type: none"> ● Thank you for this feedback. We are aware of our need to increase and improve our services regarding career advising. We are hiring additional staff and faculty support to ensure 	Linh Ngo (medadv@uw.edu) - SOM Career Advisor

<ul style="list-style-type: none"> ● Seattle MS4: Specialty specific career adviser was hard to get in contact with sometimes (obgyn) ● ID MS1: Inability to reach out to students who have graduated from UWSOM. Our interest group wanted to contact students who matched around the US regarding a specific specialty but advising said they don't keep contact with students once the UW email is inactivated following graduation. ● ID MS1: It would be helpful for the academic advisor to set up a 1-on-1 meeting with students and help them make a plan for how they will use spaced repetition to retain information, and help them understand the tools (e.g. Anki) if they do not understand how to use them. Peer education on how to use these tools is not very effective. ● Seattle MS4: Would like more information about step 2 which seemed nonexistent. Would like more opportunity to connect with Dr. Tyler and career counselor. 	<p>timely connection with career advisors and departmental advisors at all sites.</p> <ul style="list-style-type: none"> ● This is a great idea. I am unsure of the process for connecting with UWSOM graduates for career advising purposes. I am happy to explore this with the Alumni Office and see if and how this resource can be made available to students. ● Academic advisors are available at each foundations site and students are encouraged to reach out to them to request help with the issues expressed in this comment and more. Lynda Freeman is the Learning Specialist/Academic Advisor at the Idaho Foundations site, lmfreeman@uidaho.edu. I am sure she is happy to help you address your concerns. ● Yvonne Tyler, Learning Specialist in Seattle, yvonneyt@uw.edu, is your contact for information regarding Step 2. Linh Ngo, Ingo333@uw.edu is your contact person for career advising. 	<p>Raye Maestas maestas@uw.edu - Associate Dean of Students</p> <p>Katelin Cannon kacannon@uw.edu - Director of Alumni Relations</p> <p>Yvonne Tyler yvonneyt@uw.edu - Academic Learning Specialist Seattle</p>
<p>Counseling</p> <ul style="list-style-type: none"> ● Seattle MS4, ID MS3 (2): Difficulties accessing counseling in the WWAMI region. <ul style="list-style-type: none"> ○ The counseling service at HMC sounds like a wonderful idea but I 	<ul style="list-style-type: none"> ● First, thank you for these comments. With current staffing levels in the Seattle counseling office, we are unable to provide weekend counseling hours. In addition to medical students, we also provide counseling services to students in the Medex, OT, PT, Prosthetics & Orthotics and Rehabilitation Science programs. Should funds become available to hire a 	<p>Joanne Estacio-Deckard joanneed@uw.edu - Director, Medical Student Counseling & Wellness</p>

<p>worked so late that I could never make an appointment/ drop in hours. Are weekend counseling hours are feasible for students working long hours during clerkships?</p> <ul style="list-style-type: none"> ○ Does counseling in the WWAMI region exist during clinicals? I have never heard about it. 	<p>part-time counselor, we would be happy to pilot weekend counseling hours. It is also important to note that the SOM's Absence Policy relative to clerkship attendance, allows students to take time off of clerkships (up to two days, with advance notice to your site) for sickness or health related care and appointments. Counseling falls under this category. If you would like to discuss this further, please do contact me.</p> <ul style="list-style-type: none"> ● Yes, counseling does exist for students in the WWAMI region during clinicals. If you attended the required Student Affairs webinar on Transitioning to Clerkships, I detailed the counseling services available at that time. I believe the session was videotaped if you would like to watch when you have a chance. Briefly, students in Anchorage, Bozeman and Laramie may access counseling from the Foundations Phase counselors. Students in all locations (except Alaska due to licensing challenges) may access a telephone consultation and/or distance counseling through one of the Seattle counselors. We are also available to help you locate a private practice clinician if you prefer to go this route. If you're unsure of how to proceed, please do reach out to one of us. We're happy to help out however we can. 	
<p>Exams</p> <ul style="list-style-type: none"> ● MT MS1: I think that it would be more beneficial to have less group meetings about how important step 1 is and have more individual meetings. We already know that STEP 1 is important and the repeated meetings take away from our study time and don't allow us to spend time studying or personalizing our study plans. 	<ul style="list-style-type: none"> ● Thank you for the comments. We will limit discussion about step 1. ● We share the results of student performance on step 1 during the class meeting with MS1's at all sites. ● We also shared a graphic of step 1 scores by specialty for our students for the last few years. ● It sounds like that did not make it to students in all years? If so, we can fix that. ● Perhaps more data would be helpful? <p>Please let us know what would be most useful. Your continued feedback is most important.</p>	<p>Michael Ryan mjryan@uw.edu - Associate Dean for Curriculum</p>

<ul style="list-style-type: none"> Spokane MS3: Substantial increase in clarity about how well students are doing on step exams and in the match. It feels like extortion to get statistics that are accurate from the school. 		
<ul style="list-style-type: none"> WY MS3: Not enough focus on workload, hours, time off, etc. and its effect on students 	<ul style="list-style-type: none"> Thank you for your feedback. Information regarding hours and workload can be found in the MD program handbook. Specific information regarding a course or clerkship would be helpful to improve the student experience. 	<p>Suzanne Allen suzaalle@uw.edu - Vice Dean for Academic, Rural and Regional Affairs</p>

Other

Concerns/Suggestions	Response/Current Progress	Contact Person
<ul style="list-style-type: none"> AK MS4: Graduation tickets and limiting family/friends is stressful. We should have a larger venue that can accommodate all of the important people in our lives. 	<ul style="list-style-type: none"> Thank you for the feedback. We apologize this has been stressful. We have looked at multiple venues for the Physician Oath Ceremony. Benaroya Hall is the only venue at the time of the event that is available, but we appreciate this thought and will take it into account for next year. 	<p>Suzanne Allen suzaalle@uw.edu - Vice Dean for Academic, Rural and Regional Affairs</p>
<ul style="list-style-type: none"> Seattle MS1: Hospital Morning and PCP needs to be revised. It feels like we are taking advantage of patients as a captive audience - in fact I've been told this. 	<ul style="list-style-type: none"> Thank you for this feedback. It will be shared with the Foundations for Clinical Medicine team. If you have specific ideas on how this can be improved, that would be helpful and please relay them to any one in FCM leadership. 	<p>Suzanne Allen suzaalle@uw.edu - Vice Dean for Academic, Rural and Regional Affairs</p>

<ul style="list-style-type: none"> ● Seattle MS1: A conflict of interest exists in having a single individual as both the CEO of UW Medicine and the Dean of Medicine for the UW School of Medicine. We need someone who is more visible and accessible who has the power and authority to make changes and advocate for all students in the UW School of Medicine with no potential conflicts of interests outside of the school. 	<ul style="list-style-type: none"> ● Dr. Ramsey is always available to students and is willing to answer questions and have discussions. Please feel free to email him at pramsey@uw.edu. If you would like to schedule an appointment with him, you can contact Julie Monteith at jspiroy@uw.edu. 	<p>Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs</p>
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Seattle Specific

Concerns/Suggestions	Response/Current Progress	Contact Person
<p>Spaces</p> <ul style="list-style-type: none"> ● MS1: Study space is lacking. The lounge is too noisy for studying. ● MS1: We need better facilities in terms of classrooms, lounge, study spaces. ● MS1: More artwork would be appreciated. ● MS1: Can we get a shredder bin for PHI in the lounge? 	<ul style="list-style-type: none"> ● Study spaces are listed at: https://blogs.uw.edu/esom/university-of-washington/study-spaces-equipment-technology/ ● More announcements to come about facilities. Artwork created by students are currently being explored. ● Thank you for bringing this to our attention. We should be able to get a shredder. It is important to appropriately handle PHI. I will explore this within Student Affairs. 	<p>Emily Slager (eslager@uw.edu) - Associate Director of Student Affairs, Foundations Phase</p> <p>Raye Maestas (maestas@uw.edu) - Associate Dean of Student Affairs</p>
<p>Lectures</p> <ul style="list-style-type: none"> ● MS1: Many students continue to talk during class. ● MS1: There needs to be a greater respect for student breaks between lectures. 	<ul style="list-style-type: none"> ● Many students have brought up this issue. We understand this can be very distracting for in class students and those watching the recording at home. We will contact the block leads and ask student block leaders to remind everyone. We will also follow up with the dental student leadership team, as there was feedback received about similar issues during shared classroom time. If you find a group of students to be 	<p>Erica Qiao (ericaq@uw.edu) - Seattle MSA Vice President</p>

	distracting in class, please feel free to say something. We hope everyone can contribute to making our class time the best learning environment possible.	
<ul style="list-style-type: none"> MS1: Professors continue to make racist and demeaning jokes. 	<ul style="list-style-type: none"> Thank you for your feedback. Please continue to provide specific feedback at the end of course/clerkship evaluations. We will continue with faculty development for everyone and specific faculty development for faculty as needed. 	Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs
<ul style="list-style-type: none"> MS4: Research: It would be nice if there was a better interface to find research in which we can see which faculty are doing research and would like dedicated medical students. 	<ul style="list-style-type: none"> Dr. Shobha Stack is now overseeing research opportunities for medical students. I will share this suggestion with her. 	Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs
<ul style="list-style-type: none"> MS1: UWSOM Student Clinic: It would be nice to have a student clinic that is owned and operated by UW Medicine and staffed by professors and students to show UW Medicine's dedication to service. Many professors have already indicated full support of this idea. 	<ul style="list-style-type: none"> Thank you for your interest in providing care to patients through a student clinic. This topic has been discussed in previous years and unfortunately, we are not able to do this for regulatory reasons. There are many clinical service-learning opportunities available in the Seattle area. 	Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs
<p>Support</p> <ul style="list-style-type: none"> MS1: We need someone to replace Jamey Cheek who has direct training in that field. While we appreciate Yvonne's work, there is still a gaping hole in the support structure for Seattle students. MS1: What is the study support for students now that Jamey is gone? Could an email get sent out about whether it's possible to meet with Yvonne for one on ones? 	<ul style="list-style-type: none"> We recognize that we are currently understaffed in the Academic Counseling office. We did not anticipate Jamey's exit. The position was posted as quickly as possible and the interview process is currently underway. We are excited to have this position filled relatively soon, hopefully, early this summer. I apologize for the gap in services this has created. In the meantime, Yvonne Tyler is available to all students at the Seattle site. She has sent out information regarding her contact and availability several times. Her last email was sent May 23. Please feel free to contact her at yvonneyt@uw.edu 	Raye Maestas (maestas@uw.edu) - Associate Dean of Student Affairs

Spokane Specific

Concerns/Suggestions	Response/Current Progress	Contact Person
<ul style="list-style-type: none"> MS3: The Washington state legislature just approved increased funding for ESFCOM and they are planning to increase their class size from 60 to 80. How/will this impact UWSOM students, in particular clerkship spots in Track sites like Spokane? 	<ul style="list-style-type: none"> Thank you for this question – the issue of clinical capacity for clerkships has been on our minds since the WSU School was accredited. We have been and continue working diligently to increase clinical capacity in order to ensure UWSOM students have high quality clinical experiences in Spokane and Eastern WA. We continue to recruit required clerkships in all areas but in particular in areas of our lowest capacity (pediatrics and psychiatry). We will continue this work. We have not asked to increase the Spokane class size until we have a new building and we increase clinical teaching capacity. By way of background, the expansion of WSU will be mitigated somewhat by two factors – only ¼ of their students will remain in Spokane (or Eastern WA) for their clinical years and their choice to use an all LIC model while we have different options (Track, Safari, LIC, WRITE/TRUST). Please be assured that we are working to ensure that the WSU expansion does not result in decreased numbers of clerkships in Spokane and we are working to increase these numbers. 	<p>Darryl Potyk (potykd@uw.edu) - Associate Dean for Spokane</p> <p>Judy Swanson (judy.swanson@providence.org) - Assistant Clinical Dean Spokane</p>

Idaho Specific

Concerns/Suggestions	Response/Current Progress	Contact Person
<p>Shadowing</p> <ul style="list-style-type: none"> MS1: Greater clarity regarding the shadowing policy and the reasoning behind its design is needed. I feel that it could have been rolled out more smoothly. 	<ul style="list-style-type: none"> The policy referenced above was written by the central leadership of the UWSOM, led by Dr. Michael Ryan. The policy was developed for all sites including Seattle and released several weeks ago for us to distribute to you. It applies to all students at all sites. There is variation across sites, for example students in Montana will only have ECPs at a single hospital and they have a streamlined process because of this, 	<p>Peter Fuerst (fuerst@uidaho.edu) - Associate Director of Curriculum</p>

- MS1: The Idaho shadowing policy is too onerous and inflexible. The language throughout this 'policy' seems quite harsh.

Seattle students only typically work at the teaching hospital and Harborview, neither of which require credentialing etc. In Idaho and eastern Washington there are a relatively large number of hospitals students could work at and they require credentialing.

- As mentioned above, the ECP policy was approved recently by the UWSOM foundations committee. Because this was not in place at the beginning of the school year, the policy understandably changed, giving you and your colleagues across the region the opportunity to now conduct ECPs as UW students.
- Dr. Jefferson, Whitney Vincent and Pr. Fuerst volunteered to fill these needs and worked to make the form easier for students to fill out to begin the credentialing process.
- The timing (30-60 days) for requests is part of the UWSOM template provided to us. This gives us time to complete the credentialing process and ensure that you will be insured during these experiences. We are not sure what the 60-90-day time frame the student referenced is referring to.
- The 10 business days from initial contact to response was provided to us. I believe these are intended to set a maximum amount of time that we would take to respond. To date we have had one request and we were able to complete this the same day. Ideally, we will have rapid turnaround but at times it might take longer, especially at sites with more students and rigorous internal credentialing requirements.
- We discussed the best timing for students to begin the ECP process. We discussed January or Summer and decided to opt for January. This is the earliest time at which we can ensure that students are successful in their first fall term blocks and

	<p>threads before beginning extracurricular work but would also allow students to start ECPs before the summer.</p> <ul style="list-style-type: none"> ● It is ok for students to shadow or have extracurricular precepting with their own or other student's preceptors during the summer (when it does not overlap with curricular precepting), but not during the school year. This is to ensure that students have maximum access to their own preceptor. ● Enrolled medical students are not eligible to engage in extracurricular (non-required) experiences at some Idaho hospitals, as listed on the form we distributed. This is the policy of these hospitals, and not our own policy. The hospitals have adopted this policy to ensure that they can meet all required medical education needs, versus extracurricular experiences for enrolled students. ● We think that it makes sense that Idaho students work with Idaho support (or Alaska with Alaska etc) to get credentialed at Idaho and some Eastern Washington hospitals because the other sites, including Seattle, will not have contacts or relationships with the staff at these hospitals. As the policy states, Idaho students should work with the Seattle to pursue ECP experiences in Seattle area hospitals, and presumably with Alaska if they want to pursue ECPs in Alaska etc. All sites require approval before ECPs. 	
<p>Study Space</p> <ul style="list-style-type: none"> ● MS1: There is a sign on the only private conference room in our classroom building that prohibits students from using it for the sake of administration/staff use. The Administration has numerous conference rooms in their on-campus office. It would 	<ul style="list-style-type: none"> ● We are working hard to add student study spaces and appreciate students being patient with us as construction is completed on the new WWAMI building over the summer. The new space will include two student conference rooms and eight breakout rooms. Dr. Seegmiller is still working to raise the last 1.5 million for the 7,000,000.00 project which is what it will cost to finish installing walls, carpets, desks, screens, lights, projectors, electrical outlets, furniture, window shades, 	<p>Peter Fuerst fuerst@uidaho.edu) - Associate Director of Curriculum</p>

make more sense for them to conduct engagements over there rather than permanently restrict our limited space.

- MS1: No one has given us a good explanation of why the room inside the Gritman building is marked for administrative use ONLY. Due to the lack of study spaces, this should be reconsidered. Many of my peers love that room but feel discouraged to study in it because of that sign.

lockers, bathrooms, kitchenettes, lounge areas etc. Similar amenities were needed in the Gritman anatomy lab you are now in and fundraising was an essential part of project as well. Funding was not provided by the UWSOM and the majority of the funds came from the generosity of UI-WWAMI donors! Thank you to our UI-WWAMI benefactors! Dr. Seegmiller has played a critical role in procuring funding from state grants and UI-WWAMI donors so that students can have a facility to be proud of.

- As for the Gritman anatomy building the simplest answer is that the room repeatedly referenced to as a private study room is a conference room. It is also our only zoom capable conference room, other than our faculty offices. We mostly use this room for our regular faculty meetings, student small group sessions, mandatory training, zoom sessions and faculty and staff interviews. Other faculty and guest lecturers do not actually have their own offices (such as most of your college faculty) and they are able to make use of this room to prep for sessions. We have also hosted two lunches with former UI or WWAMI students who are now physicians and are interested in teaching or funding scholarships or other resources for students, although this is a minor, albeit appropriate and important, use of this room.
- There are also four faculty/staff offices in the Gritman anatomy building shared by five faculty, including the anatomy lab manager. Personal faculty and staff offices are typical at Universities and provide faculty a place at work to prepare for class, meet with students and complete administrative tasks. We believe that current faculty use of these offices is optimal for these spaces.
- We were confused that the distance between the SHB building, where our offices and private student study spaces

	<p>are located, and the Gritman anatomy lab was described as being over a mile (5280 feet) away. We discussed this and considered that UI student health (not the Student Health Building; SHB) was moved from SHB to the quick-care north of Walmart several years ago and this might be misleading students. Students are encouraged to reach out for directions- I have a map that I can provide- the building is a couple blocks away. Many of us make the walk several times a day and I would strongly encourage students to visit the space, which fills the third floor of the SHB building. We actually converted our conference room in SHB to student study space at E17 student request and no longer have this space available for our administrative conferences. There are several other very nice student study spaces in this building and many open study carols. These spaces were heavily used by E17 students but are now underutilized. We encourage students to visit and investigate their study spaces. The University Library, Pitman center, Biology Library (next to SHB) and Commons also have ample private student study space available.</p>	
<p>Timing of Lectures</p> <ul style="list-style-type: none"> ● MS1: Lectures often go over 15-25 minutes each section, putting a crunch time on cases ● MS1: Many other students ask is that lectures adhere to the assigned times on our OPAL calendars, and that facilitators specifically keep tabs on the clock and notify lecturers when their time has concluded. 	<ul style="list-style-type: none"> ● Thank you for bringing these concerns to us. Our understanding is that the concerns relate to how time is used <i>within</i> the four hours of time rather than the amount of time extending beyond these four hours of class, although the latter has also rarely happened and is a matter of concern for us. ● How time is used within the four hours is of concern because some of the sessions are required and some students who attend the four-hour block understandably feel that sessions that overshoot significantly are difficult to remain attentive to. If this is not an accurate description please feel free to reach out to clarify. 	<p>Peter Fuerst fuerst@uidaho.edu) - Associate Director of Curriculum</p>

- We have asked our block leads to ensure sessions begin and end on time. We have notified Dr. Hodges, Scharnhorst, Sanchez and Pfeiffer about this and will be sure to follow up with next year's block leaders as well. We agree that it is best practice to begin and end the sessions at the OPAL advertised times or to modify these times with sufficient lead before class. We know Dr. Hixson likes to take an extra 15 minutes to prep you for clerkship experience and not having him do these in the future will be helpful in keeping sessions on time.
- The UWSOM pedagogical policy allows the site block leads to freely modify in class sessions. Dr. Hodges for example used the pathology slides used in past years that were provided to all sites for this year while other sites used the Seattle specific lecture that focused more on that instructor's research interests. This made it seem as though we delivered different material when in fact the other sites delivered different material- thank you Dr. Hodges for knowing the curriculum so well!
- We will hold a faculty training session this summer to help our facilitators do a better job guiding small groups and with their timing. This session was developed by Dr. Silha (Spokane) with input from Pr. Fuerst (Idaho) and has been delivered for Wyoming, Spokane and Seattle faculty. We look forward to holding the workshop this summer for our own faculty.

Final thoughts:

- Dr. Seegmiller, Pr. Fuerst, Dr. Freeman, Dr. Worth, Dr. Jefferson, Dr. Hodges, Mr. Johnson etc. all have open door policies. We are all generally here (in SHB) and available and eager to help. Of course, at times we will in part not be here because of UWSOM meetings, research conferences, UWSOM graduation later in May, preMAT, family vacations etc. In these cases we will do our best to meet with you as soon as

	<p>possible, as, to the best of my knowledge, we always have. Dr. Seegmiller has also given out his personal cell number (208-301-2224) to all Idaho students so that students can have 24-7 access to him.</p> <p>We appreciate the valuable student interactions we have had with the E18 class.</p>	
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Montana Specific

Concerns/Suggestions	Response/Current Progress	Contact Person
<ul style="list-style-type: none"> The financial aid disbursement consistently doesn't line up with Seattle. The information students receive regarding financial aid is confusing/convoluted. The learning specialist should do more individual Step 1 training 	<ul style="list-style-type: none"> The University of Washington is on a quarter system and Montana State University is on a semester system which causes the financial aid disbursement to not line up. Thank you for the feedback regarding the financial aid information you receive. If you have specific thoughts on how this can be improved, please share that information. Dr. Wilson is available almost anytime by appointment and is frequently in her office before and after class hoping to see students for individual meetings. We will discuss whether fewer group meetings are needed. These are generally given at all sites at specific points in the curriculum. 	<p>Suzanne Allen (suzaalle@uw.edu) - Vice Dean for Academic, Rural and Regional Affairs</p> <p>Martin Teintze (mteintze@uw.edu) - Assistant Dean of Foundations, MT</p>

Alaska Specific

Concerns/Suggestions	Response/Current Progress	Contact Person
<ul style="list-style-type: none"> MS1: Many students are not paying attention during lecture and are not preparing small group cases as assigned. This makes it distracting to be in class as 	<ul style="list-style-type: none"> I understand it can be distracting when the class is not fully participating. This will be discussed at the next faculty meeting to encourage as much as possible stronger interactive large group sessions. The small group case study student 	<p>Dr. Ritter (maritter2@alaska.edu) -</p>

<p>people do other things on their laptops and makes small group more difficult as presenters just share the answer key and try to get cases done with as quickly as possible.</p>	<p>presentations continue to improve and feedback is offered to those students that just share the answer key so they will improve their presentation as we progress through the curriculum. Thanks for the feedback.</p>	<p>Foundations Interim Director, Alaska WWAMI</p>
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Wyoming Specific

Concerns/Suggestions	Response/Current Progress	Contact Person
<ul style="list-style-type: none"> MS1: AV equipment often doesn't function properly. 	<ul style="list-style-type: none"> The AV issues have been very frustrating to all of us - especially given that our classroom is new! We have had weekly meetings with IT about getting these issues resolved and believe that the main source of the problems has finally been diagnosed and addressed. 	<p>Tim Robinson (TJrobin@uwyo.edu u) - Wyoming Foundations Dean</p>