

We Heard You #5 - October 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 Seattle MSA started 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 E-18 MSA Team:

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

Olivia Do, Idaho President
Vishnu Iyer, Idaho VP
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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)

Site ratings include students from all years within that site.

Green indicates relative highest rating, Red indicates relative lowest rating for each section.

MS1: 43, MS2: 26, MS3: 13, MS4: 8, Expanded MS4: 1, MD/PhD: 1	Site:	AK (8)	ID (14)	MT (12)	Sea (35)	Spok (16)	WY (7)	Avg (92)
In general, I think the UWSOM's learning environment is respectful.		4.4	4.7	4.4	4.2	4.6	4.3	4.4
The curriculum or my clerkship experience has been appropriately rigorous.		4.1	4.4	4.1	4.0	4.1	4.1	4.1
I have been able to maintain a good school/life balance.		3.6	3.6	3.4	3.5	3.6	3.7	3.6
I feel supported by student support services (e.g. wellness, counseling).		3.8	4.3	3.8	3.9	4.0	4.1	4.0
My experience at the UWSOM has been overall positive.		4.4	4.5	4.2	4.1	4.1	4.3	4.3

Appreciations & Acknowledgments

Positive Feedback

Clinical Experiences:

AK MS3 (2): Clerkships have been going well and are well-organized; wonderful learning opportunities.

AK MS3: Enjoyed online elective course.

Sea MS3: The **FCM** curriculum prepared me well for clerkships.

Sea MS4: Third year clerkships were some very challenging times, but rigorous and an enormous opportunity for growth. I feel clinically mature for my standing as an MS4. I feel well-supported by the UWSOM and particularly am blown away by how accessible **mental health resources** are to students.

Foundations Curriculum:

AK MS2: **Anatomy lab** time is well-organized and looking at the gross specimens helps reinforce ideas from class.

ID MS1: Curriculum is engaging, fast-paced, and fascinating.

ID MS2: Enjoys **hospital morning** thanks to a great **faculty mentor**.

MT MS2: Organizing the curriculum by organ system makes topics easier to learn and understand, as well as more relevant.

MT MS1: Enjoys **culinary medicine** class.

MT MS2: The **Montana faculty** are supportive and approachable. And can break down the material in a way that makes sense.

Sea MS2: New **PCP tracker** is much better.

Sea MS2: Thank you to **Leo Wang** and the rest of the MBB team for demonstrating their passion for the material. Thanks to **Kurt Weaver, Cat Pittack, and Kate Mulligan** for their hard work to make HFF great for the MS1s and MS2s; the HFF team has made anatomy my favorite.

Sea MS1: Clear organization on Canvas for MCBD.

Sea MS1: Content overall has been solid and well integrated. I've enjoyed having elements of EHM and clinical skills integrated into curriculum.

Sea MS1: Appreciates flexibility of attendance policy for large group lectures.

Sea MS1: Classes are interesting and the syllabi generally contain the information I need to prepare for exams. Professors are engaging and kind.

Sea MS4: My mentor has done a fantastic job throughout my entire medical school experience.

Spok MS1, WY MS1: **FCM** is well-organized, well-taught, and fun.

Spok MS1: Thank you to the helpful **MCBD block lead** who has been willing to meet outside of class and answer questions.

WY MS1: Curriculum is appropriately challenging and enjoyable.

WY MS1: Good integration between different topics and threads. It is also nice to have our **block lead** in the room at all times to fill in any missing gaps and help bring it all together.

WY MS1: **MCBD instructors** are very knowledgeable and very willing to help whenever they can.

WY MS1: Our **front office** is very efficient and have been willing to listen to our feedback for improvements.

AK MS2: Small group, physician led cases, and lab are all usually productive uses of in-person time

Administrative Support for Students:

ID MS1: Thank you **Dr. Hodges** for being present at many of our lectures. His insights really help tie lectures in to clinically relevant issues, and that helps us all stay interested and motivated. We love having his expertise at the ready!

ID MS1: Thank you to **Dr. Seegmiller** and others for the new space at the Sweet Avenue building.

ID MS1: **Dr. Fuerst** is the best and always takes extra time to help us review and prep for exams.

ID MS1 (2), MT MS2: Learning environment is positive and supportive thanks to both faculty and classmates.

ID MS1: The **administration** did a great job at transitioning us into medical school for the first month.

ID MS1: Feels supported with Step preparation.

ID: INCREDIBLE FACILITIES!! Thank you!

ID MS1: The learning environment is great!

Sea MS2: Thanks to **faculty** for maintaining a positive learning environment.

Sea MS2: I appreciate the ample wellness support and outreach from the **counseling office**. Social events like barbecues and happy hours have been very fun. The administration has taken student concerns about USMLE Step 1 seriously.

Spok MS3: Appreciates new WWAMI building in Spokane; thank you to **UWSOM, Gonzaga U, and partners** for investing long-term in medical education for the Inland Northwest!

Work-Life Balance:

MT MS1: Going well!

Other:

Sea MS1: Able to talk to **friends from Pre-mat** and allies who make me comfortable. Services available when needed.

Foundations Phase Curriculum

Concerns/Suggestions	Response/Current Progress	Contact Person
<p>Lecture Quality</p> <ul style="list-style-type: none">● Spok MS1 (2): Lecture quality in both Seattle and Spokane has been disappointing due to the lack of organization and methodical instruction methods. The material is not easy to follow, causing many students to rely on outside resources for the initial learning of concepts rather than using them as solely review material, which adds an additional financial expense on top of paying medical school tuition.● WY MS1 (3), WY MS1: There is a disconnect between the depth of prework vs. the amount of time spent in class on a topic. (i.e. large volume of pre-work but little time spent in class - or- minimal pre-work on a topic but spent an hour in class). Explicitly say what concepts are important vs. not.● WY MS4: Not enough rigor! “There is also an over emphasis on social concepts in medicine” when compared with basic science or clinical material covered.	<p>We are sorry that the quality of lectures is suboptimal. We would welcome any specific recommendations and feedback on specific session or topics. Edith Wang, our new foundations dean, Meghan Kiefer, our new director of educational experience, and I will be taking a careful look at all feedback (end of block evaluations, MSA We Heard You, and student block partner summaries) to make changes for next year’s MCBBD content and delivery.</p> <p>Addendum from Sayres: Thank you so much for your feedback. We are always working to improve our teaching. It would be helpful to know which course(s) is(are) being referenced here (RM, MCBBD, EHM). In Spokane we have institutionalized student feedback through our Curriculum Liaisons who meet regularly with faculty. All faculty here are interested in doing the best job possible and would want to know about disappointment with lecture organization and methods of instruction, along with any suggestions for improvement. We would be interested in which outside resources are being used. We do feel that students should be using the syllabus as the primary source for learning and therefore are interested in specific feedback regarding their organization and content. Office hours are available for further clarification. Academic counseling is available for help with study techniques and resources. We are lucky to have one of the best medical libraries in the world. Librarians are available to help searching for resources. All of us at the SOM appreciate the financial stresses of being a medical</p>	<p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p> <p>William Sayres Jr (sayrew@uw.edu) - Spokane Foundations Assistant Dean</p>

	<p>student. We are very receptive to feedback that helps clarify syllabus/lecture material and mitigates expenses spent on outside supplemental resources. Please come talk with me any time about this.</p> <p>We are evaluating the required out of class prep assigned for each session in all blocks in order to estimate the required pre class prep time to complete assignments, and therefore the time we expect students to spend getting ready each day. We plan to determine if we have assigned too much or too little. This might uncover areas where we are not rigorous enough.</p> <p>It would be helpful to learn more about inadequate rigor - i.e., is this about not going into enough detail in some topic areas, or is it more that our exams are too easy, and don't sufficiently match USMLE step 1 type questions, or both?</p> <p>We do have a work group lead by Matt Cunningham focused on assessments in foundations, as we do hope to increase the rigor and quality of our examinations. We also want to evaluate our pass level (70% to pass was an arbitrary number) We are contacting other similar schools to learn more about what they are doing around assessments. We are exploring adding more NBME exams as finals in some or perhaps all blocks. We are also taking a careful look at third party question banks to see if it makes sense for UW to use those in addition to (or instead of) home grown questions. We welcome input.</p>	
<p>Lecture Structure</p> <ul style="list-style-type: none"> Sea MS1: We have been told that we are in a flipped classroom model, but many of my peers have noticed that many of the lectures are still in the old large lecture format. It's understandable that it would be difficult to create small groups for focused active learning, but it's a bit disingenuous to present the 	<p>ID: Finding time for all of the content is a very big challenge! Dermatology is very condensed and of course a very important topic. The entire blood and cancer block is short on time as well. Renal is short and at the end of a long block. Changes to the curriculum that will make more time available are under consideration and we appreciate your perspectives- they will be helpful in choosing the best options going forward. PGF</p> <p>ID: In terms of physiology and pathology- please feel free to reach out to us with more details about which blocks or sections you are</p>	<p>ID: Peter G Fuerst (fuerst@uidaho.edu) - Associate Director of Curriculum</p> <p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p>

<p>class as flipped, when we see a different reality.</p> <ul style="list-style-type: none"> ● ID MS2: Not enough time for dermatology (>4 days) or renal (~6 days) despite the complexity of the material ● MT MS1: Syllabi and Powerpoints are formatted inconsistently and need to be standardized. ● AK MS3: Would like more variety of online elective courses for students outside of Seattle. ● Sea MS2: We need more continuity among blocks. ● ID MS2: Please focus on “normal” physiology before introducing pathologies. 	<p>referring to. I feel like we do a good job of this in MCBDB but am not as familiar with other blocks. Leaving a note in my mailbox or under the door would be fine if you do not want to discuss this personally (and of course the next WHY document would be an option). I will be sure to share the input on our regular block director calls. PGF</p> <p>I agree that we have not effectively implemented the flipped classroom model in all blocks, and some sessions work, and some not so well. One reason - faculty need more training in how to do it most effectively. We are increasing our faculty development efforts, and will be hiring a new instructional designer to help. MJR</p> <p>One of our goals is to standardize syllabi and powerpoint sessions. When we started the new curriculum it was not clear what the ideal format should be, so we did not mandate standardization. Now we have a better sense. This will take time to accomplish in all blocks, but is a priority of ours. Meghan Kiefer is taking a lead on this.</p> <p>We are working to add more normal physiology in the blocks. MJR</p> <p>Thank you for bringing to our attention that the use of the flipped classroom approach is less than expected in our curriculum. In my new role, I hope to identify which sessions will be more suitable for active learning and begin to incorporate this approach into more sessions. I agree that we need to be more accurate with the message provided concerning the teaching methods being utilized in the Foundations phase. EHW</p>	<p>Edith Wang ehwang@uw.edu - Assistant Dean for Basic Science</p>
<p>Class Requirements (attendance, small group)</p> <ul style="list-style-type: none"> ● Sea MS2: Forced collaboration through group projects is unfair for groups who barely have their group members show up, and even when they do show up the burden of work is often unequal. Please 	<p>It is disappointing that some students chose not to show up for required group projects. One value of these projects (which absent students are missing) is learning how to work with others that one had no control in choosing. I am sorry to hear that you did not have a productive experience. This may have been a unique case since our records show that in Seattle only 3 students did not</p>	<p>Michael Ryan mjryan@uw.edu - Associate Dean for Curriculum</p> <p>Edith Wang</p>

<p>do not make team performance (something that is outside of my own control) be part of my own grade.</p> <ul style="list-style-type: none"> ● Sea MS1: Small groups should focus on conceptual problem solving vs. just testing material from the syllabus in a group. ● AK MS2: Shift should be made away from mandatory attendance at all lectures. Provide video streaming from Seattle for those who like them. ● Sea MS2: More faculty training on giving lectures may help with class attendance. As it stands, my peers are reluctant to spend three hours in lecture and lose out on doing other productive things. 	<p>attend the session. We have tried to incentivize attendance with points and peer pressure but this approach still needs improvement. We are continuing to refine the attendance policy and welcome student input.</p> <p>As for small groups - we agree that working on conceptual problems should be an important aspect of the small group session. It will be helpful to know which are the specific sessions that are less useful and require reworking.</p> <p>We have increased our efforts to provide faculty development this year and have increased faculty involvement. The long term goal is to improve the quality of all sessions. Please let us know which specific sessions need the most attention. This information will provide us guidance on where to begin our efforts.</p>	<p>(ehwang@uw.edu) - Assistant Dean for Basic Science</p>
<p>EHM</p> <ul style="list-style-type: none"> ● Sea MS3: More emphasis should be placed on basic sciences, and less emphasis on EHM. EHM should be made an elective. It seems unfair to use the argument that it will help us with board prep; the weeks we spend in EHM could be better used for preparing well for Step 1. <ul style="list-style-type: none"> ○ Attendance should not be mandatory. 	<p>I agree that the basic sciences need more emphasis and time in the Foundations phase of the curriculum. This is one of my highest priorities as the Assistant Dean for Basic Sciences. I really appreciate your suggestions concerning EHM as a possible solution. We are considering all possible options and suggestions are always welcome. -EHW</p>	<p>Edith Wang (ehwang@uw.edu) - Assistant Dean for Basic Science</p>
<p>STEP 1</p> <ul style="list-style-type: none"> ● Sea MS4 (2): The curriculum needs to align to Step 1, or at the very least be honest about how important and challenging Step 1 is to our future careers so that incoming cohorts can 	<p>ID: The structure is currently roughly as it is described with four days devoted to foundational knowledge and a fifth to clinical studies. There are long standing discussions about the need to focus on STEP vs. the need to focus on training physicians (in terms of the Foundations phase) with strong opinions and compelling arguments on both sides, including both faculty and students. We</p>	<p>ID: Peter G Fuerst (fuerst@uidaho.edu) - Associate Director of Curriculum</p> <p>Edith Wang</p>

<p>have a good head start. You can help create great physicians AND prepare them well for Step 1.</p> <ul style="list-style-type: none"> ● AK MS2: Curriculum/exams do not reflect the difficulty of outside USMLE practice questions. Requests more NBME questions and cumulative knowledge questions throughout the year. ● MT MS2: School exams do not adequately reflect the rigor seen on practice board exam questions. It would be better to do worse with more rigor now, with better board scores later. ● AK MS3, ID MS2: Curriculum needs to be explicitly focused on preparing students for Step 1. 4/5 days should just focus on preparing students for Step 1, and devote the 5th day to preparing students for patient care/clinical skills. 	<p>appreciate your input about the timing and focus of material- please feel free to reach out and provide more information- I will be sure to pass it on to the most appropriate person. PGF</p> <p>We are working on developing approaches to better prepare students for success on Step 1. A list of some of the efforts underway was provided in a recent e mail. We recognize the need to increase the rigor of our assessments and provide student exposure to board style questions earlier in the curriculum. Some ideas under consideration include providing weekly NBME/Step-1 style questions starting sometime in MCBD. These questions would start as block specific and increase in rigor to include cumulative questions in the later blocks. A workgroup has been assembled to evaluate assessment practices during the Foundation phase. Under consideration is having all blocks give cumulative final exams and/or using NBME questions for some or all block exams. EHW</p> <p>It is evident that we also need to work on our messaging. Step 1 is a very hard examination. Some of our efforts to allay fears and reduce anxiety might actually have provided a false sense of security, which we apologize for. We are trying to find the correct balance of providing an appropriate level of awareness without producing an excess level of anxiety for students. EHW</p>	<p>(ehwang@uw.edu) - Assistant Dean for Basic Science</p>
<p>MBB Specific</p> <ul style="list-style-type: none"> ● AK MS2: The lecture on Imaging of the spinal cord should be redone with better resolution and detail. Images were blurry and unhelpful for learning. ● Sea MS2: MBB and Step 1 material doesn't match well. ● AK MS2: Organization/timeline of material covered in MBB is unclear. For example, a lecture on the localization of 	<p>We will review the spinal cord session and other comments about MBB and make improvements for next year. Thank you for the feedback.</p> <p>It would be helpful to learn what specific MBB topics don't match with step 1 material</p> <p>We will be reviewing all feedback (end of block evaluations, students block partner summaries, one on one discussions) to make changes to MBB for next year.</p>	<p>Michael Ryan (mjryan@uw.edu) - Associate Dean for Curriculum</p>

<p>lesions was after the first exam, in which we expected to localize lesions. We spent 3 hours of lecture on 9/13/19 discussing localization of symptoms, which was very repetitive and seemed unnecessary.</p>		
<p>MCBD Specific</p> <ol style="list-style-type: none"> 1. ID MS1: Overwhelmed by the amount of class pre-work for MCBD. 2. Sea MS1 (1): The syllabi/reading should align with reasonable instructor expectations for what material should be covered in class, rather than jam everything into one syllabus. 3. Sea MS1 (2): Professors should be referring to things on the slide instead of coming up with concepts that are somewhat related to the slide but could have their own slides. 4. Sea MS1 (3): MCBD and HFF overall seems disorganized. At the moment it's difficult to see the connections between what we are learning in HFF and MCBD. 5. Sea MS1 (4): There seems to be a real disconnect focusing on cystic fibrosis (we spent weeks) vs. a couple seconds on Sickle Cell (despite it being more prevalent). 6. Sea MS1 (5): Professors should be mindful of students who may unintentionally dominate space for discussion and allow for other voices to shine through 	<ol style="list-style-type: none"> 1. ID and Sea MS1 (1): We are working to ensure that preclass reading and work is reasonable compared to what is expected in class. To this end we have reduced the amount of reading and set some general guidelines about syllabus length. We are currently working to standardize our preclass readings and work and anticipate reviewing each day to compare metrics on preclass expectations. We can do a better job comparing how each of the four sessions in a given day add up and as the curriculum solidifies and sessions move less often year to year this will be simplified. PGF 2. See above 3. Sea MS1 (2): Agreed. It is always best for us to stick to teaching the core material from the learning objectives and using other information in support of these objectives but not in addition to them. Please feel free to provide more information by whatever means you are comfortable (the end of block surveys would be ideal) to provide constructive feedback to specific teachers. We grow and improve from this feedback. PGF 4. Sea MS1 (3): MCBD and HFF: There is not a strong connection between MCBD and HFF. Even an example that seems ideal like breast cancer and the pectoral dissection is difficult- these topics would align with the material taught in the block but the pectoral dissection needs to occur early in the block and the cancer session needs to occur later in the block. The need to spread HFF out throughout the year and align it with the other blocks in the fall are challenges 	<p>Peter G Fuerst: fuerst@uidaho.edu - ID Admin/ID MCBD Site Lead/MCBD co-Director</p>

we have not found a way to overcome yet, but we are currently exploring options such as frontloading HFF or making HFF its own block. PGF

5. Sea MS1 (4): Disease Frequency: The blocks have regular discussions about the most appropriate place to cover different disorders. As examples we consider if and how much we should cover a topic like CF in MCBD vs. CPR, if we need to introduce material in MCBD that will be covered more heavily in later blocks or if MCBD will be the only place content is covered, for example breast cancer, in which case we attempt to do a more thorough job given the time constraints that we have. We also consider how well a disorder lends itself to teaching basic concepts for a block like MCBD and do focus on many very rare diseases in addition to more common diseases like diabetes for this reason. In the case of sickle cell anemia and in consultation with later blocks we decided that it was important that sickle cell anemia be introduced in MCBD when we cover blood, hemoglobinopathies, Hardy-Weinburg and gene therapy, that it will be touched on in other blocks and that it will have its focus especially in the blood and cancer block. If we did not do this and sickle cell anemia were not taught later in the curriculum it could represent a social justice issue given its frequency and linkage to an approximate geographic ancestry. On a related note, an insightful and highly publishable triple-I project to test if there is a structural imbalance in the curriculum would be to compare the amount of time devoted in our curriculum to medical issues and conditions that are more likely to impact marginalized vs. non-marginalized groups compared to control conditions to measure and quantify if we spend different amounts of time on topics that differentially impact patient groups. The machine learning tools we are currently using to reduce bias in the curriculum could make this automatable and highly feasible. PGF

	<p>6. Sea MS1 (5): Agreed. This can be especially challenging in the “parade of experts” model of teaching model, where faculty are leaders in their field, but may not know the students as well vs. the “jack of all trades” model of teaching, in which faculty with more broad but shallow expertise teach a larger number of sessions and get to know the class better. More specific feedback to individual faculty on the end of block survey will be a helpful and valuable way to convey this material to specific faculty and we appreciate your efforts to help us to grow and learn to teach better. PGF</p>	
<p>Research Methods</p> <ul style="list-style-type: none"> ● ID MS1 (2): Prefer less in-class time for Research Methods and possible integrated time during immersion. ● ID MS2: In Research Methods, cases are presented in a way that shows basic concepts but not analysis. Would prefer case studies and small groups to discuss how to put the literature to practice in clinic. ● Sea MS2: E18 having to borrow close to \$6K in loans for research methods was unacceptable. On a similar note, will students still be expected to pay tuition when they engage in their dedicated study period? 	<p>ID: We are refining the format for delivery of research methods. Your feedback will be essential in identifying the best format by which to deliver research methods- thank you for the input. PGF ID: That is an interesting idea! It would certainly make for engaging sessions. PGF</p> <p>For the E19 class, Research Methods has been moved to Term 1 during Autumn quarter and is not being offered during the summer requiring additional tuition. The dedicated study period will be during Winter quarter. Students will be enrolled in the Foundations Capstone and Consolidation courses, and this involves paying tuition. EHW</p>	<p>ID: Peter G Fuerst (fuerst@uidaho.edu) - Associate Director of Curriculum</p> <p>Edith Wang (ehwang@uw.edu) - Assistant Dean for Basic Science</p>
<p>Other</p> <ol style="list-style-type: none"> 1. Sea MS1: Some formal way to have an initial discussion with upperclassman about what outside resources they use would be helpful. 	<ol style="list-style-type: none"> 1. There is currently a document called “Block Insights and Advice” created as an informal way to pass down such information from the upper class. This was initially created in hopes to have advice representation from students who have done well or needed remediation in courses. I understand you mentioned a formal way, this could be set 	<ol style="list-style-type: none"> 1. Erica Qiao (ericqa@uw.edu) - Seattle MSA Vice President

<ol style="list-style-type: none"> 2. Sea MS1: Lectures should be better streamlined to be clear focused and concise. A central place to place all the lectures would also be a good start. 3. Sea MS2: It's unfair that Seattle PCP continues well into fall, while WWAMI students are largely finished before summer ended. 4. Sea MS2: What is the status on filling Jamey Cheek's position? 5. Sea MS2: We need better Examsoft highlighting options, having to select the toolkit and then the color every single time I need to use it is cumbersome. In our last update, Matt Cunningham mentioned that the highlighting option would be resolved before the new school year started. 6. Sea MS2: Any updates on Mara Rendi? We really need a pathology lead who is present and available. At the moment, the thread feels barely visible, with little to no options for proper recourse. 7. Sea MS2: The school recruitment materials emphasized that we would have the same mentor throughout our four years. It feels dishonest to have college mentors leave their students, replaced with brand new members. 	<p>up by students in your class. The Block Insights and Advice link has been sent to all WWAMI site MS1 & MS2s. There are already MS1s recruited to continue the document.</p> <ol style="list-style-type: none"> 2. This will be passed on to Meghan Kiefer who is in charge of the block leads program. 3. We have standardized the schedule for PCP students, and the PCP will start in January at all sites for the E19 class. The required number of half days and time spent on PCP will be very similar for all sites, recognizing that some students need to drive more than others. 4. The search for the Director of academic support is underway. For any students needing support in preparing for Step 1, our academic support team is available to help you do this now. Seattle: Yvonne Tyler, M.D. yvonneyt@uw.edu Spokane: Jon Hammermeister, Ph.D. jhammermeist@ewu.edu Brittney Haong B.S. bhaong@eagles.ewu.edu Wyoming: Rachel LeBeau B.S.E. rlebeau@uw.edu Tracy Haas DO, MPH Tracey.Haas@uwyo.edu Alaska: Shannon Uffenbeck, Ph.D. sruffenbeck@alaska.edu Montana: Jaqueline Wilson, M.D. jackiewilson@montana.edu Idaho: Lynda Freeman DHSc., MPH, MBA lmfreeman@uidaho.edu 5. RESOLVED :) 6. Arrangements have been made for Mara Rendi to travel to Seattle and teach more of the Pathology sessions for the E19 class. Plans to identify a person in Seattle to help with administering the Pathology thread are in progress. 7. The Colleges program instituted 'term limits' about 5 years ago, which resulted in some turnover this past year of beloved and wise mentors who had been with us since the beginning. It was hard for all of us!! And most hard for students. We are doing a couple of things to make this 	<ol style="list-style-type: none"> 2. Meghan Kiefer (meghanm@uw.edu) - 3. Raye Maestas (maestas@uw.edu) - Associate Dean of Students 4. Raye Maestas (maestas@uw.edu) - Associate Dean of Students 5. RESOLVED :) 6. Edith Wang (ehwang@uw.edu) - Assistant Dean for Basic Science 7. Molly Jackson (blackley@uw.edu) - Assistant Dean for the Colleges & Cascade College Head
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	<p>better 1) working on a new system that allows 'outgoing mentors' to teach their MS2 students through Foundations and to mentor through the following year, and continue to be involved as mentors if they desire and are available, through graduation, and 2) revisiting the merits (and down sides) of the 'term limits". In addition, we will always face the issue of mentors who have a life change (move, illness etc) and thus will have to do our best in those situations to provide a warm handoff and minimize further mentor changes when possible. We are working on it!!!</p>	
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Clerkships

Concerns/Suggestions	Response/Current Progress	Contact Person
<p>Wellness</p> <ul style="list-style-type: none"> ● Sea MS3: It's quite lonely to be out in WWAMI, especially when I'm the only student at the clerkship site. I would appreciate to see some effort to keep students more connected and cohesive during clerkship. ● Spok MS3: Less strict rules on time off, like how some clerkships don't let people go home for the holiday, such as in IM. I feel like the benefit of spending a day in the hospital on a holiday, when most services are closed, is pointless - especially when we can be using that time to study or spend time with our families. 	<p>We are working to develop (FERPA compliant) means for medical students to let each other know when they are rotating in the same area. Please don't hesitate to reach out to the local Regional Clinical Dean's office for support when doing clerkships in one of the regions.</p> <p>Clerkship students follow the clinical schedule for the site where they are rotating, which may vary between clerkship sites.</p>	<p>Mark Whipple (mwhipple@uw.edu) - Assistant Dean for Curriculum</p>
<p>Sites/Faculty</p>	<p>We have recently hired several medical education faculty to work with our educators to improve their teaching.</p>	<p>Mark Whipple (mwhipple@uw.edu) -</p>

<ul style="list-style-type: none"> ● WY MS4: Not many physicians in Seattle care if students learn, benefit from or enjoy their training. ● WY MS3: Find doctors who actually want to teach. We are not paying to be ignored and disregarded. If residents have to be our teachers, find residents who actually want to teach, are knowledgeable and not callous. ● Spok MS4: Stop making students travel to Seattle as often for required clerkship time and transition to residency. It is very expensive to travel and stay in Seattle, especially for a short term lease. I paid over \$1000 in rent for each month of my 10 weeks total required time in Seattle for rotations (required 6 weeks in patient care, required EM rotation for SLOE) on top of my rent at my WWAMI site. 	<p>We are using comments brought forth by students in the clerkship evaluations and in focus groups to identify both high-yield topics and target educators that would most benefit. Most of our residency programs now have similar educator training.</p> <p>Clinical clerkship availability in some regional sites (including Spokane) is less than the number of students who would like to do clerkships in that area. Regional clinical deans continue to work with the required clerkships to identify and develop sites in and near regional clinical hubs (such as Spokane, Anchorage, Boise, Missoula, Bozeman, Billings). However this remains an ongoing challenge given the size of these medical communities and the number of students desiring rotations in these locations.</p> <p>If you have not done so already, be sure to document your clerkship experiences in your clerkship evaluation. Dr. Whipple and his team take the comments in the clerkship evaluations seriously</p>	<p>Assistant Dean for Curriculum</p>
<p>Curriculum/Studying</p> <ul style="list-style-type: none"> ● AK MS3: It's frustrating to have so many "assignments" - I would far prefer to focus on shelf studying and being well-prepared to make the most of my time in the hospital or clinic. ● MT MS3: EHM curriculum continues to be a major and unnecessary burden, taking away important time for life balance. 	<p>Required clerkship assignments vary by clerkship. Many of these are required elements to teach and assess core clerkship objectives. These have been modified over the years as a result of student feedback and clerkships are always striving to improve their educational activities, so please provide specific thoughts on clerkship evaluations.</p>	<p>Mark Whipple (mwhipple@uw.edu) - Assistant Dean for Curriculum</p>
<p>Expectations</p> <ul style="list-style-type: none"> ● Sea MS3: Expectations of what students should be doing on a clerkship should 	<p>While clinical experiences may differ across clerkships and sites, we are emphasizing the importance of orienting students to the expectations of not just to the clerkship, but to the individual site.</p>	<p>Mark Whipple (mwhipple@uw.edu) -</p>

<p>continually be reviewed with all site directors. While there will be variations at each site, there continue to be experiences where students are only permitted to shadow, or are expected to take on work beyond what is appropriate (charting for 10+ patients/day).</p> <ul style="list-style-type: none"> ● WY MS4: More standardization in student expectations and grading. Some sites have students working 40 hrs/wk while others will have them in the hospital 60+ hrs on the same clerkship. ● Sea MS4: It would be nice to know ahead of time which clerkship sites are "known" to be hands off in nature vs ones that are more involved. ● Spok MS4: Clerkship experiences are also incredibly varied across sites. In addition to being a very different experience in terms of time in the hospital, this also creates a large difference in the amount of time available for shelf studying. Both of these components impact the clerkship grade overall. 	<p>If students feel that expectations are not clear, please reach out to the site director or clerkship director. Other avenues for reporting opportunities for improvement include the end of clerkship evaluation (which can be made confidentiality if desired).</p> <p>For required clerkships, student should be actively participating in the care of patients and not just shadowing. Again, please reach out to site or clerkship directors and document these experiences on end of clerkship evaluations so that they can be addressed.</p>	<p>Assistant Dean for Curriculum</p>
<p>Grading</p> <ul style="list-style-type: none"> ● Sea MS4: The method for determining quartiles is severely flawed. If someone is taking a clerkship in Seattle (UWMC or HMC) it almost certainly much more difficult to get honors or high pass than at other sites. 	<p>We are in the process of revising the assessment format for required clerkships to closely correlate with specific clerkship objectives, and be based upon more standardized observed performance of these objectives. We are also working to standardize best practices (such as "grading committees") to help address the potential for differences in grade distribution across different clerkship sites. Mid-clerkship feedback has (and continues) to be an area of emphasis and we are working to identify</p>	<p>Mark Whipple (mwhipple@uw.edu) - Assistant Dean for Curriculum</p>

<ul style="list-style-type: none">● Spok MS4: Clerkship grades are not well regulated. There is a wide disparity in grades depending on the site that a clerkship was taken.● Spok MS4: I consistently felt like my clinical grade did not match my effort, achievement, and performance. I felt like personality and how much a student 'appeared' to be giving effort counted for much more than studying and consistently performing and giving effort.● Spok MS4: Subjective grading is unfair. Shelf exams should weigh more heavily on overall grades.● WY MS4: When grading, some attendings will say "5/5 because you operated as an intern" while others will say "how could you master these concepts as a 3rd year student? Most doctors don't have this down yet" and subsequently give the student a 3 or 4/5 in a category. It's incredibly frustrating.● Sea MS3 - Please instruct faculty to assign an actual clerkship score at the halfway mark with 2-3 achievable steps on how to improve that score. Make them fill out a mandatory online form or piece of paper.● Spok MS3: some clerkships notoriously downgrade all their students, such as HMC gen surgery. can we standardize grading across clerkship sites? an adjustment for sites that are considered "more harsh"?	<p>best practices (e.g., anchoring current performance with an assessment form; providing specific areas required to move to a higher area of performance) and adopt these across clerkships.</p>	
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Learning Environment

Concerns/Suggestions	Response/Current Progress	Contact Person
<ul style="list-style-type: none"> AK MS3: Please focus on developing a strong curriculum that focuses on experiential patient care and preparing students for Step 1. What I need from you is to be prepared for Step 1 and for the wards. I appreciate that you care about things like the classroom environment and professionalism, but both of those would benefit from an effective curriculum. 	<p>We recognize that an objective of the curriculum should be to help prepare our students for success on Step 1. The goal will be to come up with approaches that will accomplish this objective without sacrificing a positive learning environment and the importance of professionalism. Ideas under consideration include exposing students exposure to board-style questions earlier in the curriculum. This may involve the use of NBME questions for some or all block exam, weekly Step 1 practice questions throughout the curriculum.</p>	<p>Edith Wang (ehwang@uw.edu) - Assistant Dean for Basic Science</p>
<p>Expectations</p> <ul style="list-style-type: none"> Sea MS1: More clarity/clear expectations from mentors during hospital mornings. Sea MS2: If we are expected to be on time for certain events as an exercise in professionalism, our exams should start on time and not 15+ mins late as is customary. 	<p>We'll ask mentors to review their specific expectations as the next quarter begins. Hospital mornings are inherently a bit unpredictable and mentors' expectations may shift to accommodate differences in patients, hospitals, and learners. To get a sense of how we anticipate your skills should develop over the course of FCM, please see the end-of-term milestones for communication & interviewing, physical exam, oral case presentations, writeups and reasoning on Core Clinical Skills/Canvas here.</p> <p>Exams should start on time. Not only is an on-time start an exercise in professionalism, but it prevents distraction on an already high-stakes day. This information will be shared again with testing. Thank you for your feedback.</p>	<p>Karen McDonough (kmcdonou@uw.edu) -</p> <p>Melinda Frank (mmfrank@uw.edu) - Director of the Learning Environment, 206-616-1816</p>
<p>Classroom</p> <ul style="list-style-type: none"> Sea MS2: Teaching students about the fine line between appropriately speaking up and being disruptive. Is an 	<p>Please remember that concerns about the learning environment can be submitted anonymously or self-identified at the following link: https://aaqt.som.uw.edu/. The classroom setting should never be unpleasant for any student. We will need to make a better</p>	<p>Edith Wang (ehwang@uw.edu) - Assistant Dean for Basic Science</p>

<p>academic environment truly the place for disruption? Are you going to be disruptive on rounds? We've lost significant class time last year because peers decided to force their point in a group setting.</p> <ul style="list-style-type: none"> ● Sea MS2: There seems to be a disrespectful disagreement around many hot button issues with the students taking personal issue against the professors (see EHM for the clearest examples). This has not been a massive burden to my learning, but it is wholly unpleasant. ● Sea MS1: Tackling issues that are tough to talk about i.e. how certain pictures used in medical literature have come about and how that may affect our behaviors as health practitioners 	<p>efforts to educate students about the different avenues for expressing their concerns and how to decide what is the best practice for any given situation. Periodically reminding students about their community agreement also could be helpful.</p>	
<p>Other</p> <ul style="list-style-type: none"> ● Sea MS1: People should be cognizant of information that pertains to health disparities within healthcare and to acknowledge it or question it with appropriate professor response. 	<p>Health disparities is a continually evolving aspect of healthcare that everyone is trying to learn and understand. The curriculum is working on providing more opportunities for faculty development to be better prepare them teach and address these issues.</p>	<p>Edith Wang (ehwang@uw.edu) - Assistant Dean for Basic Science</p>

Student Support

Concerns/Suggestions	Response/Current Progress	Contact Person
<p>Career Advising</p>	<ul style="list-style-type: none"> ● The Career Advising Office provides The NRMP Program Director Survey information during the MS1 group workshop. The Survey documents the Percentage of 	<p>Sarah Thomson (saraht44@uw.edu) -</p>

<ul style="list-style-type: none"> ● AK MS2: Earlier career advising that far more explicit about the importance of research and performance on Step 1. ● MS2: Career advising for step prep has been poor ● Sea MS4: Career advising earlier on is necessary, especially for specialties like EM that require away rotations, SLOE, etc. 	<p>Programs Citing Each Factor And Mean Importance Rating for Each Factor in Ranking Applicants.</p> <ul style="list-style-type: none"> ● Step Prep is under Student Academic Support. The SOM Career Advising Office provides students with resources and tools for career planning, specialty exploration and specialty decision making process, as well as general residency application support. ● The Career Advising office introduces UWSOM's career planning program and the AAMC CiM 4-Phase Career Planning Process to MS1s through group workshops and a series of webinars. We are also available for 1-1 career advising appointments in person, by Zoom and phone. Please use the appointment request link in our email signatures. The Career Advising team provides specific career exploration and planning services and resources to students by year and across all 4 years. <p>Hi Guys! Thank you for your concern about Step 1 prep and the desire to know more about Step 1 scores & residency matching. I also want to direct you to the NRMP charting outcomes which we share with you during Step 1 talks and career advising talks. See page 9 of this document showing Step 1 scores and matching by residency. https://www.nrmp.org/wp-content/uploads/2018/06/Charting-Outcomes-in-the-Match-2018-Seniors.pdf</p> <p>For more info on Step 1 preparation please reach out to any of us in academic support in the region during your first and second year of medical school:</p> <p>Seattle: Yvonne Tyler, M.D. yvonneyt@uw.edu Spokane: Jon Hammermeister, Ph.D. jhammermeister@ewu.edu Brittney Haong B.S. bhaong@eagles.ewu.edu Wyoming: Rachel LeBeau B.S.E. rslebeau@uw.edu Tracy Haas DO, MPH Tracey.Haas@uwyo.edu</p>	<p>Director of Career Advising</p> <p>For Step 1/academic support: Yvonne Tyler (yvonneyt@uw.edu) - MD Student Affairs Acting Lead Academic Learning Specialist</p>
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	<p>Alaska: Shannon Uffenbeck, Ph.D. sruffenbeck@alaska.edu Montana: Jaqueline Wilson, M.D. jackiewilson@montana.edu Idaho: Lynda Freeman DHSc., MPH, MBA lmfreeman@uidaho.edu -Yvonne</p>	
<p>Clerkship</p> <ul style="list-style-type: none"> Sea MS3: we need more flexibility for wellness in the clerkship phase. There is a negative connotation for leaving to go to counseling appointments. 	<p>Regarding the negative connotation for leaving to go to counseling appointments, please be aware that you do not have to disclose the specific nature of your appointment. You may simply report having a “health” or “medical” appointment. If any clerkship site has given a student a difficult time for leaving for a counseling appointment, please do let us know.</p>	<p>Joanne Estacio-Deckard joanneed@uw.edu - LICSW Director, UW SOM Counseling & Wellness Service</p>
<p>Funding</p> <ul style="list-style-type: none"> Sea MS2: There is a need for more support for WWAMI travel funding, specifically with refunds. The staff in the WWAMI travel office are perceived as being largely unavailable. 	<p>I know that most of the questions about travel issues are answered either in the FAQ that every student gets after the clerkship/compliance webinar each year. Attached, is the FAQ from the most recent webinar. A sample email regarding travel reimbursement that gets sent to all students who have traveled during a quarter (along with instructions on how to get reimbursed and an estimate of the timeline for a check) is also attached for your reference. There are a couple of websites that also provide answers to some of the travel issues:</p> <ul style="list-style-type: none"> <u>The WWAMI Student Travel:</u> http://depts.washington.edu/gowwami/index.htm <p style="text-align: center;">This webpage provides policy and procedures on travel and issues; and have great information thing to do and what NOT to do for getting travel reimbursements.</p> <ul style="list-style-type: none"> <u>WWAMI Clerkship Student Housing:</u> http://depts.washington.edu/gowwami/housing.htm 	<p>Jonas Louie jlinl@uw.edu - Administrative Director</p>

Sometimes students have question about clinical clerkship housing and this webpage provides resources for sites and departmental clerkship administrators contact information.

DIFFICULTY WITH ENCOUNTERS. I hope that my staff (Scott Bailey, Rachel Summers, and Claudia Krumpach, who is a student assistant) continue to provide professional and courteous customer services. If this is not the case, please let me know immediately, so that I could talk to my staff to improve our interactions and communications. I do know that, at times, my staff could be put in a position of being the bearer of bad news; and while we are sympathetic to students' financial position, we may repeatedly provide reminders of these policies referenced above.

Nevertheless, I understand that there are times when students want to talk in person because they may be frustrated with a UW travel policy that limits what can be reimbursed. As you already know, there are very strict guidelines and policies that govern the way travel reimbursements are processed, especially, in a state institution like ours. The School of Medicine does not have authority to make exceptions to UW state travel policies. Because of this, we will advocate for the students, and try to work with students to get them where they need to go and get money due them as expeditiously as possible without having the students dealing directly with the UW systems and it's bureaucracy

PHONE CALL / IN-PERSON OPTIONS. Due to the sheer volume of student travel, there is unfortunately, no one staff dedicated for WWAMI student travel. However, my staff work as a team of three to provide assistance to all student travel related issues. The most efficient and fastest way to get a hold of us is through our group email:

	<p>gowwami@uw.edu. Our response time is usually within 2-3 days (sometimes sooner). We could definitely look into a phone option, but since we don't have a dedicated staff person for student travel, there would still sometimes be a delay in responding.</p>	
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Other

Concerns/Suggestions	Response/Current Progress	Contact Person
<ul style="list-style-type: none"> Sea MS3: It would be nice to have a heads up about what 4th year scheduling looks like earlier in the 3rd year. Scheduling seemed to come up abruptly and was overwhelming. 	<p>This comment has been passed along to the Deans present at the D&F meeting and will be worked on!</p>	<p>Thamanna Nishath (tnishath@uw.edu) - Seattle MSA President</p>
<ul style="list-style-type: none"> MT MS3: Financial Aid should be more transparent about available funds and options for students. Not being able to make monthly payments is stressful. 	<p>Students must submit a FAFSA to be considered for financial aid. Financial aid is need based, looking at the student's budget and estimated contribution. The Unsubsidized Stafford Loan and Graduate Plus Loan can replace any expected contribution. Grants are awarded by the main Office of Student Financial Aid and are awarded to WA residents who apply by the priority deadline and meet the expected contribution cutoffs that are set annually. SOM Scholarship are also awarded based on need and eligibility is based on parent and student income. The eligibility cutoff are determined each year based on the amount of scholarship funds available to be awarded. Tuition payments are due by the tuition due date. Student Fiscal Services handles tuition billing and tuition payments. Monthly payments are not allowed.</p>	<p>Diane Noecker (dnoecker@uw.edu) - Director of Financial Aid</p>
<ul style="list-style-type: none"> MT MS2 - UWSOM registrar's office won't verify board enrollment until student chooses between their hyphenated and non-hyphenated name as their ID doesn't match their enrolled 	<p>We apologize if your experience was hurtful. Logistically, All students have a legal name of record in our SOM E*Value system. That legal name is used to verify each students' enrollment in the NBME and for verification of other documents. If the names do not match we cannot verify the enrollment. There is no other intention</p>	<p>Constance Lamb (celamb@uw.edu) - Director of Academic Operations and Registrar</p>

name at UW. This feels disrespectful of the students culture and sexist.	regarding this policy. If there are any questions on how we can best rectify or ease this situation in an appropriate way, please reach out to me and I will be happy to help.	
<ul style="list-style-type: none"> Sea MS1: Canvas organization can be improved. Subsidies for third party resources would also be a welcome improvement. 	Efforts are underway to evaluate all the different ways that Canvas is organized for the different blocks and come up with a standard approach. A newer and better looking version of Canvas is being piloted in the Invaders & Defenders block for the E19 class.	Edith Wang (ehwang@uw.edu) - Assistant Dean for Basic Science
<ul style="list-style-type: none"> MT MS2: Summer between M1 and M2 is not enough time to do a quality project and poster with two months of work. III options need to be refined. 	The Triple I curriculum is being revisited to find ways to increase the quality of research experiences for all. Because the Summer quarter is only a brief time for research, we have increased support for research opportunities beyond the summer, including a research mentor database for MS2, MS3 and MS4s (will be available January 2020) and a separate section of the Scholarship Website for students seeking scholarly opportunities later (https://sites.uw.edu/somcurr2/research-opportunities/)	Shobha Stack, PhD, MD, Director of Medical Student Scholarship, (somiii@uw.edu)

Seattle Specific

Concerns/Suggestions	Response/Current Progress	Contact Person
Spaces <ol style="list-style-type: none"> MS2: Following up on the question raised at the last D&F about getting a shred bin in the student lounge for disposal of HIPAA. MS1: There was an email sent out that the lounge gets cleaned every week, does that happen? The floor doesn't seem to be vacuumed. The lounge has been missing paper towels and dish soap. MS1: Would love to see the meditation space be more calming and welcoming 	<ol style="list-style-type: none"> Academic Affairs is providing a Confidential Document Container with a lock that can be for shredding information that is in compliance with HIPAA. Staff will monitor, shred the documents in the bin, and empty the bin as is fills MSA oversees cleaning and maintenance of the student lounge, including cleaning the inside/outside of appliances. To supplement this, Custodial Services provides daily services of: taking out compost, garbage, recycling, wiping countertops, cleaning skink, mopping floors, and vacuuming carpets two times per week. Paper towels and soap should be replenished on a regular basis. Contact Jonas if they need to contact the appropriate people to do this. 	Jonas Louie (jinl@uw.edu) - Administrative Director Meryl Yang (meryly@uw.edu) - Academic Affairs

<p>for students - better lighting, music, scents, and arrangement of pillows.</p>	<p>3. From Emily: I am actively working with a Seattle wellness council rep on this. We are making purchases and will also do a “deep clean” and some rearranging of this space so it serves its purpose of a calming space that students can relax, meditate, pray, stretch, do yoga in, etc. We hope to have these updates completed in November.</p>	<p>Emily Slager (eslager@uw.edu) - Associate Director of Student Affairs, Foundations Phase</p>
<p>Learning Environment</p> <ul style="list-style-type: none"> ● MS1: Recommend using the active learning center at SCC for flipped classroom sessions as it facilitates group learning. ● MS1: Chairs in the lecture hall are uncomfortable and tend to hang too low, especially for heavier people; would prefer more regular chairs. MS4: The microphones in the lecture halls are not effective: lectures were constantly interrupted by the wireless lecturer mic not working and the student mics frequently did not come through on the recorded audio. ● MS2: We need a better way of showing the laser pointer during lectures. No one watching from home (all WWAMI) cannot see when the lecturer is pointing with their laser. ● MS2: In regards to recent complaints made by E19 MS1s about racism in lecture images, it appears that the 	<p>From Melinda: Hi all! I’m taking your suggestion about the use of the active learning center (definitely a great setup to facilitate group learning!) to both curriculum and SOMALT. I’m taking the feedback about malfunctioning microphones to SOMALT. Dr. Edith Wang, Assistant Dean for Basic Sciences is working with faculty to address issues with the laser pointer. Dr. Wang is also reminding faculty to honor the end time for lectures as this impacts all, especially those with time-sensitive responsibilities that take place directly after class (e.g. childcare). I’m not sure anything can be done about the lecture hall chairs that are currently in use. I’m so sorry about that, but suggestions are welcome.</p> <p>Regarding the lecturer who appeared to be mocking students: This sort of behavior is not acceptable. Everyone should exhibit professionalism - students, staff, and faculty alike. I encourage you to submit more details using the Learning Environment Reporting Tool (aLERT). https://aaqt.som.uw.edu/</p> <p>From Edith: We have developed a document with 12 tips to help guide faculty in how to professionally handle and address issues of racism or disparities that are brought up in a classroom setting. The learning process takes time and efforts are underway to provide</p>	<p>Melinda Frank, Director of the Learning Environment, 206-616-1816, (mmfrank@uw.edu)</p> <p>For Step 1/academic support: Yvonne Tyler, MD Student Affairs, Acting Lead Academic Learning Specialist, (Yvonneyt@uw.edu)</p> <p>Edith Wang (ehwang@uw.edu) - Assistant Dean for Basic Science</p>

<p>MCBD lecturer was mocking students during the lecture. MS1s didn't want to bring it up because "complaints just become jokes". It would be appreciated if the focus on professionalism is shifted to lecturers and staff, rather than only students. Without a standard for lecturers and staff, these kinds of behaviors become "acceptable." It is frustrating to get lectures on professionalism when students aren't the cause of this poor behavior.</p> <ul style="list-style-type: none"> ● MS2 (2) : Learning support office is perceived as unavailable ● MS2: Lecture times are constantly going over time and breaks get shortened. 	<p>more training and emphasis on these practices to the teaching faculty.</p> <p>Hi all, for the MS2 concerns regarding learning support office perceived as unavailable, if you are referring to academic support it is very much open and available. In Seattle MS2's can make appointments to meet with me to talk about your Step 1 study plan and we are gearing up to make available customized calendar and tutors for the Step 1 study season coming up. MS1's can meet with me for their block concerns and ALL MS3's and MS4's and even expanded students can meet with me for their exam/study needs.</p> <p>Sincerely, Yvonne Tyler, MD https://go.oncehub.com/YvonneTylerMD</p> <p>PS: Our regional academic support is available to MS1-MS2 at each site. They are all working hard and are all available: Seattle: Yvonne Tyler, M.D. yvonneyt@uw.edu Spokane: Jon Hammermeister, Ph.D. jhammermeist@ewu.edu Brittney Haong B.S. bhaong@eagles.ewu.edu Wyoming: Rachel LeBeau B.S.E. rslebeau@uw.edu Tracy Haas DO, MPH Tracey.Haas@uwyo.edu Alaska: Shannon Uffenbeck, Ph.D. sruffenbeck@alaska.edu Montana: Jaqueline Wilson, M.D. jackiewilson@montana.edu Idaho: Lynda Freeman DHSc., MPH, MBA lmfreeman@uidaho.edu</p>	
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Spokane Specific

Concerns/Suggestions	Response/Current Progress	Contact Person
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<ul style="list-style-type: none"> MS1: Limited parking around Schoenberg is very stressful and frustrating. 	<p>Parking has been a perennial problem and, if it helps, we have worked with Gonzaga on this since our arrival here. We are aware of the specific challenges facing students coming from hospital and clinical sites and trying to make it to class on time. Debbie is on the Parking Committee and has advocated for more parking regularly. She recently obtained permission for students to use adjacent hotel parking spaces, which should give some relief. There is plenty of parking in the Law School parking lot, but that is 10-15 minute walk. Students now have a representative who meets regularly with Dr Potyk and Dr Law, who is Gonzaga's primary contact person for UW.</p>	<p>William Sayres Jr (sayrew@uw.edu) - Spokane Foundations Assistant Dean</p>
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Idaho Specific

Concerns/Suggestions	Response/Current Progress	Contact Person
<ul style="list-style-type: none"> We are wondering if there will be any individual workstations included in the new furniture. Group study is fun, but some of us try to study on our own before taking our knowledge/questions to the group. Small workstations with room for a book and a laptop would help facilitate this. 	<p>We are excited for the next shipment of furniture for the teaching building to arrive, including furniture for the ~10 student breakout rooms. These should help to address limited independent study space. PGF</p>	<p>ID: Peter G Fuerst (fuerst@uidaho.edu) - Associate Director of Curriculum</p>
<ul style="list-style-type: none"> MS1: I have not had a chance to meet with counseling services but would like the opportunity. 	<p>The designated Idaho counselor for medical students is Laena Huffaker, PhD, phone (208) 885-6716. Please know that you do not have to wait to hear from the counselor in order to request an appointment.</p>	<p>Joanne Estacio- Deckard (joanneed@uw.edu) - LICSW Director, UW SOM Counseling & Wellness Service</p>

Montana Specific

Concerns/Suggestions	Response/Current Progress	Contact Person
<ul style="list-style-type: none"> The counseling center they sent us to at MSU is below-par in my opinion. When I was in crisis, I had to fill out many forms, repeat my story multiple times, and speak to a student before they would set up an actual appointment. 	<p>I'm sorry you had a negative experience at MSU. While I'm unable to speak directly to your experience, College Counseling centers are regulated by federal and state laws from which policies and procedures are derived. Forms are a routine procedure, I'm afraid, when seeking health or mental health services. I would encourage you to reach out to Betsy Asserson, PhD, Director, MSU Counseling & Psychological Services at (406) 994-4531 so that you can share your concerns and your experience directly with her. It may be possible to streamline services for students.</p> <p>I spoke to Dr. Asserson and expressed our concerns about delays in getting appointments for WWAMI students.</p>	<p>Joanne Estacio-Deckard joanneed@uw.edu - LICSW Director, UW SOM Counseling & Wellness Service</p> <p>Martin Teintze mteintze@uw.edu - Montana Foundations Director</p>

Alaska Specific

Concerns/Suggestions	Response/Current Progress	Contact Person
<p>Lecture</p> <ul style="list-style-type: none"> MS2: I wish that we had the choice to EITHER attend in-person OR watch recorded (Seattle) lectures. Recorded lectures are awesome in that they can be sped up (to help focus) and paused (for notes). MS2: Pure lecture is not usually a good use of time and I would like to not have to attend these sessions. 	<p>Recognize that the class size in Alaska is small, and the absence of one or two students is recognized and felt by the rest of the class. When one person asks a question, everyone benefits. You have requested and faculty has attempted to recruit as many volunteer practicing clinical physicians within specialties (Neurology, Cardiology etc) as this community can accommodate. Schedules change, sometimes with little or no notice. As such we will continue to ask that you attend lectures for the benefit of all of your entire class and out of courtesy to guest lecturers. I do agree that being talked at for 50 minutes is not the best educational strategy and I will work with faculty to encourage sessions to be more interactive.</p>	<p>Dr. Kathy Young kecase2@alaska.edu - Foundations Interim Director, Alaska WWAMI</p>
<p>MBB</p>	<p>I am delighted the Anatomy lab is working to support your learning. I would love to be able to find more time for this in other blocks.</p>	<p>Dr. Kathy Young</p>

<ul style="list-style-type: none"> ● MS2: Anatomy lab is well organized and supports MBB learning. More lab time in all the blocks would be great. ● MS2: Maximize the use of physicians in delivering content (neurologists for MBB, radiologists for all imaging, pathologists for gross specimens). This is most helpful to learning. 	<p>Faculty do attempt to recruit physicians for specific content - please see above.</p>	<p>(kecase2@alaska.edu) - 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"> ● MS4: The foundations phase in Laramie is nearly exclusively taught by PhDs and Veterinarians that are unable to reference the practice of medicine when teaching about pathology, diagnosis, and management. 	<p>The Wyoming Foundations curriculum has transitioned to largely a team-based approach where physicians (and other providers) work with PhD scientists to deliver the curriculum. This comment is outdated and has been for at least a year</p>	<p>Tim Robinson (tirobin@uwyo.edu) - WY Foundations Dean</p>
<ul style="list-style-type: none"> ● MS1: Leadership positions should be chosen sooner to facilitate a better environment and wellness. 	<p>This was discussed in our class meeting and we have discussed with our Immersion team to tweak our process for next year.</p>	<p>Tim Robinson (tirobin@uwyo.edu) - WY Foundations Dean</p>
<ul style="list-style-type: none"> ● MS1: More studying space. Also the desks need to be oriented in a different way so that some people don't have their back to the instructor. 	<p>We have secured access to a large conference room on the 4th floor of the College of Health Sciences - a new swipe-key door is in the cue for installation. The 'orientation of desks' issue is an interesting one and I think, related to the difference in resolution between the large TV and the overhead projector - we are discussing options. Thanks for bringing this up.</p>	<p>Tim Robinson (tirobin@uwyo.edu) - WY Foundations Dean</p>