

UNIVERSITY *of* WASHINGTON
SCHOOL OF MEDICINE / MEDICAL STUDENT ASSOCIATION

WE HEARD YOU #6 WINTER 2020



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EXECUTIVE SUMMARY

Thank you to all students who have taken the time to submit their comments, questions, and concerns via the We Heard You survey. Each comment was read by the Medical Student Association (MSA). All comments were condensed, and themes were brought to the attention of deans and faculty at the Deans and Friends meeting held February 20, 2020. While all comments are read and acknowledged, there are not concrete responses to each individual comment. Responses from deans and faculty are *italicized and in purple*.

The goal of the We Heard You document is to collect honest feedback from our students about what is going well and the areas for improvement at UWSOM. This Winter 2020 WHY and Deans and Friends meeting identified two key areas for improvement: streamline communication and grade retaliation.

STREAMLINE COMMUNICATION

This Deans and Friends meeting highlighted the need for better closed-loop communication between faculty and students. There are many avenues for students to give feedback—during each Foundations block, after every Clerkship, during the AAMC Y2Q and GQ surveys, etc. However, faculty response and actionable changes aren't always clearly communicated to students. See table below for a list of evaluations and surveys and how they are handled.

	Who does thematic analysis and/or creates summary document?	How do we communicate to students (what we heard and what we plan to do)?	What is the timeframe for communication to students?
Foundations			
End of Block evaluation / student evaluation of faculty	Dr. Matt Cunningham (Director of Evaluation and Assessment) and Block Leads	Email to students from Block Leads	2-5 months after Block complete
Student Block Partners	Dr. Meghan Kiefer (Director of Educational Experience) and 1st/2nd year Student Block Partners	Email to students from Block Leads	2-5 months after Block complete
End of Phase Survey	Dr. Sara Kim (Associate Dean for Educational Quality Improvement)	Curriculum Newsletter	Quarterly
AAMC Y2Q Survey (end of 2nd year)	Dr. Sara Kim (Associate Dean for Educational Quality Improvement)	Curriculum Newsletter	Quarterly
AAMC GQ Survey (end of 4th year)	Dr. Sara Kim (Associate Dean for Educational Quality Improvement)	Curriculum Newsletter	Quarterly
Learning Environment/aLERT	Melinda Frank (Director of the Learning Environment)	Learning Environment Newsletter	Quarterly
Patient Care & Explore and Focus Phases			
End of Clerkship Evaluations (MSE Evaluations)	Dr. Matt Cunningham (Director of Evaluation and Assessment)	Annual report (Curriculum email to students)	January
End of Patient Care Phase Survey	Dr. Matt Cunningham (Director of Evaluation and Assessment)	Annual report (Curriculum email to students)	January
Post-OSCE Focus Groups	Curriculum, CLIME, and Educational Quality Improvement teams	Annual report (Curriculum email to students)	January

GRADE RETALIATION

The most significant topic discussed in this WHY and Deans and Friends meeting was that of the concern of grade retaliation when students report mistreatment or inappropriate behavior, particularly during clerkships. This is taken extremely seriously.

With the hiring of Melinda Frank as Director of the Learning Environment two years ago, a new system to review and address learning environment concerns was put in place. There are multiple avenues to report confidentially, including reporting directly to Melinda or Deans, reporting via the online aLERT tool (Learning Environment Reporting Tool), and reporting in UWSOM evaluations, such as the Medical Student of Educator (MSE) evaluation, which students fill out on all preceptors during clerkships. Additionally, students have avenues to report confidentially that are external to UWSOM (Title IX, UCIRO, UW Bias Reporting Tool). We encourage students to report using the avenue(s) that is most comfortable, most convenient, and/or most appropriate. Students can report to more than one entity.

For reports submitted to UWSOM, all concerns are reviewed at Incident Response and Oversight Committee (IROC) meetings. IROC is composed of Melinda Frank and the Deans of Curriculum and Student Affairs (Michael Ryan, Mark Whipple, and Raye Maestas). A determination is made about the severity of the concern and how urgently it must be addressed. In all but the most serious cases that must be acted upon immediately (e.g. an impaired physician, an assault), feedback is never shared until the student's grade is finalized. Some feedback requires action directly after the grade is in, but most feedback is batched and shared with clerkship directors at least six months after completion of clerkships. Furthermore, feedback is never shared using the student names or dates. This is all done to protect grades. In all cases, students who report have the opportunity to be directly involved in the process; students can also choose to completely off-load the experience to IROC so that they can focus on their current studies.

For reports made external to UWSOM, the school may never be notified of such reports and has no control on how reports are handled. Students who report internally or externally to UWSOM via any of these mechanisms outlined above are protected against retaliation by UW Executive Order No. 31, regardless of where they are located within WWAMI.

Sometimes, a student may choose not to report but instead to discuss a particular concern directly with the clerkship director, site director, or preceptor. It is important to note that, while this may be the best option in a given situation, it also could come with the risk of grade retaliation because there is no guarantee that your identity will be, or even can be, protected.

We hope that the information presented here will help students make an informed decision on reporting options. Your experiences are very valuable in our continual work to reduce mistreatment and inappropriate behavior. It's of utmost importance that you feel safe. For further information on how Learning Environment concerns are handled, please contact Melinda Frank or look at the Learning Environment [website](#). See Clerkships section below to read specific comments and responses.

Feel free to contact your MSA representatives for any questions regarding the WHY process and content. We are here as your advocates and liaisons.

-- Your E19 MSA

Emily Cox, Seattle President
Coral Bays-Muchmore, Seattle VP
Charlie Brady, Seattle Treasurer
Kat Dyer, Seattle Secretary
Shailly Pandey, Seattle Tech Officer
Meigan Sobczyk, WWAMI Liaison
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Michael Yeradi, Wyoming Treasurer

Hope Spargo, Alaska President
Evan Gross, Alaska VP
Jenny Sheasley, Alaska Treasurer
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Parker Blekkenk, Montana President
William French, Montana VP
Matthew Evans, Montana Treasurer

METRICS

The Winter 2020 We Heard You survey received a record number of responses—136 students across all years and sites. Thank you for this feedback and dedication to the continued improvement of UWSOM.

	Seattle	Spokane	Wyoming	Alaska	Montana	Idaho	Total
MS1	27	5	4	4	16	8	64
MS2	10	4	5	-	5	4	28
MS3	6	2	1	3	3	4	19
MS4	11	3	2	2	1	2	21
MD/PhD	2	1	-	-	-	1	4
Total	56	15	12	9	25	19	136

Table 1 Demographics of students who completed We Heard You survey Winter 2020.

	Seattle (n=56)	Spokane (n=15)	Wyoming (n=12)	Alaska (n=9)	Montana (n=25)	Idaho (n=19)	Total (n=136)
In general, I think UWSOM’s learning environment is respectful.	4.13	4.20	4.67	4.67	4.52	4.53	4.35
The curriculum or my clerkship experience has been appropriately rigorous.	4.11	4.07	4.33	4.78	4.32	4.32	4.24
I have been able to maintain a good school/life balance.	3.66	3.47	3.67	4.33	3.68	3.74	3.70
I feel supported by student support services (e.g. Wellness, counseling).	3.96	3.20	3.75	4.33	4.00	3.68	3.85
My experience at UWSOM has been overall positive.	4.04	4.20	4.00	4.56	4.20	4.26	4.15

Table 2 Average ratings (scale 1-5) of students’ experiences. Bolded numbers indicate the site with the highest rating.

FOUNDATIONS

Note: Block-specific and standardization feedback has been sent directly to Meghan Kiefer to address via Student Block Partners and Block Leads.

STEP 1 PREPARATION

- UW should provide subsidies for outside resources (e.g. SketchyMed, SketchyPharm, Boards and Beyond, First Aid, UWorld). (Sea1, Sea2 x2, Sea3, Mon2 x2)

We continue to work to align our curriculum with topics represented on Step 1. This last year, many faculty took the NBME CBSE exam to review Step 1 questions and see exactly what the students will experience. We also have faculty review NBME CAS exams (Step 1 retired questions) and NBME subject examinations. Block leaders review First Aid and U World questions. We do recognize that many students find commercial products useful, and our curriculum governance committees are exploring effective and equitable ways to link our curriculum to these products (First Aid, Boards and Beyond, Pathoma etc.), to help students navigate. We are planning to increase the number of NBME CAS examinations in Foundations Phase and plan to implement an ongoing board prep course. We are also reviewing our entire assessment strategy in the Foundations Phase in order to make sure we have adequate rigor and that our assessments align with Step 1.

It does appear that the goals of faculty and at least some students for the Foundations Phase may diverge. Faculty want to assure that students are prepared for Step 1 AND are also prepared to be successful on clerkships. Some students are frustrated if we cover topics not in First Aid. Each year we do review our strengths and areas for improvement on Step 1 and adjust the curriculum to address areas where our performance is not ideal. (Michael Ryan)

- UW should align curriculum and exams with Step 1. (Sea1, Sea2 x3, Mon2 x2, Ida3, Ida4, Sea4, Spo4)
 - Suggestions:
 - ⇒ Quarterly board-style practice exams for progress tracking.
 - ⇒ Each block should integrate recurring boards-style practice questions to allow exposure and familiarity with Step 1. GI and Endocrine are great example frameworks for this structure.
 - ⇒ Each block should be transparent and proactive about what Step 1 content has knowingly not been addressed.
- UW should consider having students take Step 1 after clerkships. (Sea3)

For the last year we have had a working group addressing the timing of USMLE Step 1. Specifically, we are looking at the pros and cons for moving Step 1 to after required clerkships. There are compelling reasons for and against making the move, and we have reached out to >10 schools to discuss. Some have chosen to move Step 1, some have not, and one school moved Step 1 to after clerkship then moved it back. We are also weighing the move of Step 1 to Pass/Fail. We are going to make recommendations to the curriculum committee soon. (Michael Ryan)

PHARMACOLOGY

- Pharmacology for all blocks should be more integrated, with CPR being the current best example. Lectures and small group sessions do not develop the complex reasoning expected on the exams and focus more on mechanisms than is reflected on exams. (Sea1, Wyo1) & Curricular pharmacology content does not prepare students for Step 1 well. (Spo3)

Dr. Hague and I are working on how to best integrate more Pharmacology into the curriculum that better prepares students for Step 1 Pharmacology content. The primary issue is that we have little input as thread directors as to how much time is allotted to threads and the amount of thread material that is included in the blocks. It is a work in progress, and we thank you for this feedback. Dr. Hague is involved in developing the Pharmacology in CPR, so we will use that as a model. (Edith Wang)

PATHOLOGY

- There should be a new WWAMI Pathology thread leader who can be present and organize the thread. (Sea1, Sea2)

Mara Rendi is an outstanding educator and wants to stay involved, and we recognize that having more of a presence for Pathology could be useful. We are working with the Chair of Pathology to name a partner to help lead the Pathology thread. (Michael Ryan)

ECOLOGY OF HEALTH AND MEDICINE

- UW should be cognizant of the basic science opportunity cost of dedicated EHM time and should therefore plan these weeks more rigorously. (Sea1, Spo1, Sea2, Wyo2 x2, Mon2 x2, Mon3, Sea4 x2)
 - Testing Social Determinants of Health in the context of blocks more rigorously would incentivize deeper student engagement.
 - EHM should reduce repetitive overlap with orientation and previous sessions.
 - Challenging topics such as white fragility should be included with discussions of systemic racism.
 - EHM facilitators should be selected for mindfulness and facilitation skills rather than content expertise so that emotional situations do not escalate.
 - While Social Determinants of Health are immutable features of healthcare, the current EHM curriculum dictates a specific social agenda that is inappropriate for required, mainstream curriculum.
 - Discussions of the impacts of mental illness on poor outcomes (higher incarceration, homelessness, shorter life expectancy) should be added.

We do recognize that EHM is time that could be devoted to other basic science topics, and the Curriculum Committee feels that EHM contains critical topics for students. In addition, NBME is testing on many of the EHM topics on Step 1, 2 and 3. We adjust and refine content based on student feedback and are open to specific suggestions. (Michael Ryan)

FOUNDATIONS OF CLINICAL MEDICINE

- PCP should start earlier in the first year as the experience is more guided and richer; hospital mornings should come later as they require more clinical knowledge to be useful. (Sea1, Spo1, Ida1, Mon1 x2, Ida3)

We tried an Autumn PCP start for the E15 and E16 classes, but it seemed to have some unanticipated consequences. Although clerkship faculty generally noted an improvement in clinical skills with the new FCM curriculum, they observed that E15 students were less skilled at performing a complete exam than their predecessors had been. Many college faculty had noticed the same thing. It seemed to be due to the early introduction of problem focused visits, before students had cemented their ability to do a

comprehensive H&P. We revised the schedule so that students could do several complete H&Ps, with feedback from their college mentor, prior to starting PCP and this issue seems to have improved. (Karen McDonough)

- PCP expectations and requirements should be more centralized, clear, and accessible. (Wyo1, Ida2)
We appreciate the suggestion. All sites used a similar slide set and FAQ document to introduce PCP, and all PCP assignments are published on the Foundations Canvas sites. We have updated the PCP tracker to make it accessible and useful. Seattle has posted the scheduled PCP days for the remainder of the Foundations phase, and we'll suggest that across sites. (Karen McDonough)
- Consider increasing the number of interviews and rigor of standards/feedback in first term FCM hospital mornings. (Sea1 x2)
We're glad that you find these valuable! In autumn quarter, both first and second years are doing patient interviews, so we're limited by faculty and patient availability. We'll emphasize the importance of constructive feedback to all of our faculty. (Karen McDonough)
- FCM time spent in large lectures or repetitive role-play should be used more rigorously for learning clinical skills such as suturing, IV lines, scrubbing in, etc. Besides the pulmonary and cardiac exam sessions, which makes sense to relearn in the context of the physiology, other exams do not need to be repeated (neuro, abdominal) and should just be taught fully during orientation and then practiced during hospital tutorials. (Sea1, Wyo1, Sea 2, Ida3)
The pre-clinical skills curriculum has really focused on foundational communication, exam, clinical reasoning and documentation skills – they're critical to your success in clerkships and your Patient Care Phase faculty expect you to have them. We haven't included procedural skills because the intermittent clinical experiences in the Foundations Phase neither require nor offer an opportunity to practice and cement them. They are of course emphasized in the Patient Care. We agree that it's key to revisit the cardiac and pulmonary exam in the context of the anatomy & physiology, and our neurology colleagues would say the same for the neuro exam. We've also found that many students benefit from an opportunity to revisit the exam in a classroom setting, to improve/correct technique and have questions answered. We'll work to avoid unnecessary redundancy so every session feel high yield. (Karen McDonough)

LEARNING STYLES AND MATERIALS

- Student autonomy and different learning styles should be respected given that they are achieving desired results. There is a strong feeling of disapproval from administration, faculty, and staff about those who choose not to attend lectures, and this negatively affects the learning environment. This respect for autonomy should be reflected in non-punitive attendance policies. (Sea1 x3, Sea2 x2, Sea3, Ida3, Sea4, Ala4)
 - The UWSOM curriculum should acknowledge, incorporate, and leverage the concise and well-built third-party tools that students already use. Learning how to apply this information is where expert teaching from UWSOM faculty is invaluable, and where small groups and one-on-one are crucial.
 - Attendance should not be taken in most cases, with the exception of patient interviews and maybe some small group sessions.
 - Class should be conducted on the assumption that everyone has done the readings because students will rise or fall to expectations, and it's disrespectful to those who prepared as requested.

We have addressed attendance in several previous WHY documents, and we won't go into detail here. We do not require attendance at large group sessions, but do feel labs, small groups, and those sessions with patients are useful. We do recognize that the attendance expectations vary by site and block and we are working to standardize. We recently discussed an interesting paper ([link](#)) on student perception of active learning. (Michael Ryan)

CAPSTONE

- The Foundations Capstone course was enjoyed by some, but others found that it did not meet their needs for Step 1 preparation, and the required tuition and attendance was a large burden. (Sea2 x4, Mon2, Wyo2 x3, Sea3)
 - The Capstone course should not be required in terms of registration or attendance such that students can self-elect into what would be helpful for their individual progress.
- Suggestions for current Foundations Capstone:
 - Focus more on the hard parts rather than re-teaching basics that can be learned from textbooks or First Aid. Use First Aid as a template and build off of it. (Sea2, Wyo2)
 - Webinar sessions should be recorded and on-demand rather than live. (Wyo2)
 - Add MSK and Repro sessions, cut down on the Neuro, and remove multi-systems discussions that are outside the scope of Step 1. (Sea2)
 - Exemplary webinars: pulmonary with Dr. Luks, cardiovascular with Dr. Stack, and dermatology with Drs. Vary and Meyer. (Sea2)

Thank you for your comments. To ensure we are collecting representative feedback, it is most helpful when students put their comments on specific courses into the End-of-Block evaluations for that course. We look forward to reviewing those comments and sharing our adjustments, based on your feedback, later this spring. (Michael Ryan)

OTHER

- All lecture content should be reviewed by CLIME before presentation. (Sea1)
 - Gender neutral terms in the entire curriculum helps with scientific accuracy and health equity. It also helps with understanding the role of race in epidemiologic research. (Sea4)

We have several approaches in place to reduce potential bias in the curriculum. We have made progress, but there is much to do. Roberto Montenegro, MD, PhD has instituted the bias reduction in curricular content (BRICC) process for all blocks. He and his team of collaborators are using natural language processing software to identify areas of potential bias in slides, syllabi, and test questions. He meets with the Block Leads to discuss and adjust materials. We have not completed the BRICC process for all blocks yet but are working through them one by one. The Center for Leadership and Innovation in Medical Education (CLIME) team meets with faculty Block Leads to make sure faculty are aware of areas of implicit bias and to help faculty develop skills in dealing with the difficult topics that arise in class. They are also reviewing content to look for opportunities to point out health disparities and instances of racialized medicine. We are also providing the foundations faculty the opportunity to learn the EHM content. One challenge – we have close to 400 faculty that work with students in Seattle alone. We will implement required faculty development for all faculty in Foundations Phase. (Michael Ryan)
- With the growing technological age, students need to learn how to chart proficiently in Epic and Cerner (including dot phrases, smartlists, and problem lists). (Sea3)
- There should be more teaching around surgical cases with assessment and work-up. (Sea3)

We are working on augmenting ultrasound training. We are hiring a Director of Ultrasound Training for students and are purchasing updated U/S probes. We have a group evaluating our entire assessment strategy in foundations with an eye toward more rigor. (Michael Ryan)
- There should be more support for and teaching in the humanities and the arts for medical students. (Sea4)
- There should be more academic accountability building in Foundations as a 70% “pass” will not sufficiently serve you during clerkships. (Ala3)
- As a primary care school, we should give more attention to diet, nutrition, and methods of preventing heart failure, etc. and also how to counsel patients on uptake of these lifestyle changes. (Ida1)

An earlier WHY comment felt we did too much nutrition, and because it was not in First Aid, asked that we drop it. As you can see, the opinions and suggestions we get vary. We feel it is critical both for step 1 and for clinical care, and plan to augment nutrition content.

CLERKSHIPS

- MS2 compliance/clerkship information should be presented in the fall of second year instead of during the Dedicated Period (Sea2 x9, Spo2, Ida3).
 - The most recent E18 session bore a condescending and antagonistic tone during discussions of professionalism expectations for scheduling, credentialing, and time off. The WWAMI Safari is an incredible opportunity and logistical planning must be challenging and take a lot of work, but students should still be treated as equally competent and respected colleagues during their onboarding process. This does not instill confidence in the clerkship coordinators to support students during their clerkship period.

Will forward to those conducting the session. (Mark Whipple)
 - Clear, centralized, and early expectations about clerkship credentialing, onboarding, and timing would greatly enhance the student experience decrease student stress stemming from a lack of information. There are currently multiple websites, links, and FAQ documents that make finding clear and current information challenging.
 - ⇒ Please have clerkship representatives confirm that their websites exist, are functional, and are up to date prior to directing students to use them for credentialing. Then there is no need for the webinar and should eliminate the unhelpful response of having to email someone to learn what their on-boarding process consists of.
 - ⇒ The surgery website is a good example of a great user interface for finding information and documents.
 - ⇒ Radiology and surgery need more coordinators to keep up with student needs.
 - ⇒ Many websites have been updated recently, so it'd be nice to see the old ones taken down. A standardized format would go a long way too.

We will bring these comments to the relevant departments and to clerkship committees. (Mark Whipple)

- Please be more transparent with all details relating to assigned clerkships sites, locations, hospitals, etc. as soon as possible so that students can proactively plan their personal lives around them.
- *We will discuss this at the clerkship committee meeting. (Mark Whipple)*
- There should be questions on the clerkship evaluation surveys that feed forward to future classes for more informed clerkship selection.
 - ⇒ Suggested questions: Would you choose this site again? What do you wish you had known before starting at this site?

We will discuss this at the clerkship committee meeting. (Mark Whipple)

- Transition to Clerkship information is overwhelming when all presented at once; this information would be better if recorded and accessible before each respective clerkship starts.

Some of the information has been recorded, but we will continue to identify opportunities for this. (Mark Whipple)

- Clerkships should be standardized and have those standards enforced. (Sea3 x7, Spo3 x4, Ida3, Ala3, Sea4 x4, Ida4 x3, Sea4, Wyo4)
 - Graders need to be standardized and normalized on what to expect from students and how to evaluate them fairly.
 - ⇒ Consider calibrating based on site difficulty or known grade inflation/deflation.
 - ⇒ Third year core clerkships should be Pass/Fail to enhance wellness, create a collaborative atmosphere between students and preceptors, and lead to more standardization across sites. (Sea3, Spo3, Sea4 x2, Ida4 x2)
 - Reference: the UCSF Bridges Curriculum of 2019.

Means to do this are currently being explored—challenges include small sample sizes for many clerkship sites. Utilizing centralized clerkship grading committees is one area that is being utilized in larger (by faculty size) clerkships and something that we are trying to expand into smaller clerkships. We have also discussed the approach of Pass/Fail grades with a number of schools, including UCSF, and are monitoring their outcomes, particularly regarding residency match success. (Mark Whipple/Raye Maestas)

- With the same shelf exam being given at each site, differing required days per week and on-call requirements put some students at huge disadvantages. (Sea3, Ida3, Sea4)
 - ⇒ Hours per week limitations should be enforced while accounting for shelf exam preparation to preserve work/life balance.
 - ⇒ At some sites, students have been pressured to work overnight or while sick while also being advised not to take breaks or use days off. Wellness culture is not enforced.
 - ⇒ UW holidays should be protected and recognized across sites.

Duty hour compliance is required of all sites. Please report violations to the site director or clerkship director so that these issues can be addressed. Policy regarding anticipated and unanticipated (e.g. illness) absences can be found in the link below. Generally, 2 days of anticipated excused time can be allowed in 4 to 12-week clerkships. For unanticipated illness, contact and confirmation must be made with the clinical team and clerkship director prior to the start of the shift. Individual clerkships also follow their own clinical calendar, so students participating in the clinical environment follow the site's holiday schedule, not the UW holiday schedule. (Mark Whipple/Raye Maestas)

<https://education.uwmedicine.org/wp-content/uploads/2019/05/clerkship-absentee-policy.pdf>

- The UW Clerkship director should make sure that each site has the same expectations for student involvement; i.e. not just shadowing but also that a medical student is not a resident.
Clerkships provide annual faculty development, including setting clear expectations for student performance. Will bring to clerkship committees for reinforcement. (Mark Whipple)
- Clerkships are far more fruitful when the number of assigned attendings is limited and a longer relationship can form between student and preceptor. This also helps to develop a rapport wherein students may feel more comfortable advocating for themselves when needed (sick days, time with children, etc.) because they know their final evaluation will be informed by a longer duration of demonstrated effort and commitment.
 - ⇒ Please stop half-day assignments with constant switching between residents and attendings.
- Mid-clerkship feedback sessions do not always happen and sometimes do not reflect the final grade.
Providing mid-clerkship feedback is a requirement of all required clerkships. Please notify the site or clerkship director if mid-clerkship feedback has not been provided. Since the final grade also incorporates the subject exam and clinical performance in the second part of the clerkship, mid-clerkship feedback may not be predictive of the final grade. However, mid-clerkship feedback should provide formative feedback on areas of strength and potential improvement. (Mark Whipple)
- Consider using the P/RIME grading system.

Clerkships are discussing the pros and cons of the P/RIME grading system for different departments. Wider adoption is a consideration. (Mark Whipple)

- Grades should be released sooner.
Grades are not released until all of the evaluations have been collected, test results received, all materials reviewed, and a final grade assigned. This typically takes several weeks. The school and LCME requires that grades be released within 4 weeks of completing the clerkship. (Mark Whipple)
- Should remove the question of whether we feel we have been fairly graded from our evals because in most cases we do not know how we have been graded, and our expectations may be different than the grade we receive.
The questions are those used by the AAMC on the graduation questionnaire. Will forward to the learning environment committee for consideration of change. (Mark Whipple)
- Grade retaliation for student reporting of unprofessional behavior needs to be stopped. (Spo3 x2, Sea4)
 - Examples: A student shared two incidents where behavior that was potentially criminal (assault) occurred and other incidents where sexist or racist comments were made.
These events are being investigated and appropriate action will be taken (i.e. removing students from that site and alerting the site about the potential criminal activity). In addition to the investigation, education will take place for practitioners to explicitly state the purpose of their exam and surgical techniques, specifically in cases where consent needs to be highlighted, so that there leaves no burden of interpretation on the student's part.
 - The current system does not make reporting mistreatment and unprofessionalism a safe choice for students and as such these instances are under-reported and preceptors received inflated ratings for fear of retaliation.
 - Students continue to experience microaggressions and hear racist and ageist comments from attendings and administration.

Grade retaliation is taken very seriously. Clerkships never see any information submitted as part of the confidential end-of-clerkship evaluation until after the final grade has been submitted, except in the most extreme circumstances of where there is a risk of imminent serious harm to the student or others. Even in these extremely rare circumstances, actions are only after contacting the individual student. Student identifiers and dates of the clerkship are removed from all confidential student feedback. Any student who feels that their grade has been downgraded after reporting unprofessional behavior is encouraged to reach out to Dr. Maestas, Associate Dean of Student Affairs, for investigation. All students, regardless of where they completed their foundations or regardless of where they find themselves in WWAMI during clerkships, are protected by Executive Order 31, which prohibits retaliation against any individual who reports concerns regarding discrimination or harassment, or who cooperates with or participates in any investigation of allegations of discrimination, harassment, or retaliation under this policy, or any individual who is perceived to have engaged in any of these actions. (Raye Maestas).

*Regarding egregious unprofessional or illegal behavior observed by students, we would like to share the following with the student body. From the Medical Student Honor Code at the UWSOM published in the Student Handbook:
<https://education.uwmedicine.org/wp-content/uploads/2019/06/School-of-Medicine-Program-Handbook.pdf>*

I.A.3. Safe Clinical Practice:

"If we recognize ourselves or other healthcare providers to be impaired in any way that may impact patient safety, we will address the issue promptly and appropriately. We will consult more experienced members of the medical team concerning decisions about which we are uncertain of the appropriate standard of care in relation to the patient. In cases where we are concerned about potential harm to self or others, we commit to reporting the issue through appropriate medical staff."

We encourage students to report incidents so that they don't have to carry the burden and so incidents can be addressed appropriately by the individuals who can act on the reports. The medical student is not legally mandated to report, but there is a moral and ethical obligation that all healthcare providers commit to. Once reported to a licensed provider, that individual has the duty to report to the appropriate entities. We encourage students to report to the school administration who can work with the student to protect the student from any retaliation as mandated by Executive Order 31. Administration can initiate an investigation and assure that the issue is addressed appropriately.

- Students should be given an extra day of travel time between particularly distant WWAMI sites. (Ida4)
All students are now provided time for travel between clerkships. This policy was put in place to accommodate travel between distant sites about 2 years ago. (Mark Whipple)
- Scheduling 4th year electives via Evalue is a poor system that could be improved with more clarity. (Ida4)
- Having elective time in fourth year is phenomenal to be able to explore interests, the less required clerkships the better. (Sea4)
 - Emergency medicine should be a core clerkship, neurology should not.
- Cost of parking for students completing Clerkships in Seattle (UW/HMC) should be covered by the school or be a more reasonable rate, especially considering students are expected to work the same hours as residents. (Spo4, Mon4)

Unfortunately, free or subsidized parking is not provided for any member of the UW community, including faculty, residents, or staff. (Mark Whipple)

- Housing is very expensive in Seattle. Reimbursements for third-year rotations was really helpful, but they don't include most 4th year rotations. The school may not have control over it, but it takes up a lot of mental bandwidth that should be applied to learning medicine. (Ala4)

Students are responsible for maintaining their housing, with the school providing travel and housing for required clerkships in the 3rd and 4th years away from their Foundations site. (Mark Whipple)

- A map or quick explanation of how to get around UW campus for WWAMI students starting rotations would be highly appreciated. (Mon4)

Will bring to the UWSOM communication/web team. (Mark Whipple)

- Please support clerkship sites to have sufficient desk space and laptops for rotating students. (Sea4)

Please contact the clerkship site director or clerkship director if there is not sufficient space available at an individual site. (Mark Whipple)

LEARNING ENVIRONMENT

- There needs to be accountability for students and faculty following incident of racist, sexist, homophobic/transphobic behavior or comments. (2x Sea1, Spo2, Sea3).
 - Faculty facilitating discussions of racism should be informed and comfortable with the subject so that they can teach clearly.
 - There needs to be a mechanism to address student antagonism towards professors so that public interactions do not impinge on the learning environment of others. (Sea2)

The school acknowledges the need for more accountability and is exploring how to do this in a meaningful way that brings about real change. At this time, the school recognizes a need for growth in this area. For individual reports, action is always taken but not shared in order to protect privacy. Reports and actions are both stored in a central tracking system that only IROC (Melinda Frank, Raye Maestas, Mark Whipple, and Michael Ryan) has access to. We monitor to ensure improvement by those who have been reported. (Melinda Frank)

- Expectations should be set for how students should engage in a large lecture hall, including establishing a safe-to-fail atmosphere and limiting off-topic or personal-curiosity questions. (Sea1, Ida2, Sea4)
 - There should be more explicit content during immersion week on what it means for students to be professional; there were instances of students lacking judgment and not treating each other with respect.

Immersion in Seattle for E20 students will include new sessions related to community building and standards for classroom interactions between/among students/faculty/staff. These sessions will be a collaborative between student affairs, foundations blocks / curriculum faculty, assistant deans for the Colleges, wellness, & faculty development. (Molly Jackson)

- The same professionalism expected of students should be upheld by faculty. (Sea2)
 - The lifecycles block violated professional standards in multiple ways including inappropriate poetry and threatening failure for grade-borderline students who chose not to attend.
 - Narrative assessment of students was used as a way to threaten or punish students.

These concerns have been noted and have been brought to the attention of the Student Affairs Deans directly, through the aLERT system, or end of block evaluations. Students have the right to appeal narrative assessments, either directly to the block lead or through the school's grade appeal process outlined in the student handbook. (Raye Maestas) The Lifecycles block has a policy regarding attendance that if small group sessions are attended, students gain 5 points, which may impact their final grade if borderline. (Michael Ryan)

- Clerkships in Seattle can make students from rural WWAMI feel unwelcome due to judgmental and unprofessional environments. Spokane, however, is safe and professional. (Spo4)
- There should be a centralized list of "compliance requirements" to reduce the email-overload burden of students in clerkships. (Ida3)

This list is in the student handbook. For ease of access, we have added this information to the student time-line calendar of events which will be posted on the UWSOM medical student education intranet site. (Raye Maestas)
<https://education.uwmedicine.org/medical-school-timeline/>

- Students should learn how to keep their religious views from directly influencing their medical practice. (Ida4)
- Students are given the message to sacrifice their wellness—skip meals, sacrifice sleep, never take a sick day—in order to be a "real" doctor. UW should be a progressive leader in improving student wellness and not encourage unhealthy behaviors (Spo3)
We will bring this to the Assistant Dean of Wellness, Dr. Anne Browning. This is an important issue for all providers, faculty, residents, fellows, nurses, and students engaged in the care of patients and is an important part of self-care. (Raye Maestas)

- **Appreciation:** Learning environments in Alaska, Idaho, and Wyoming are professional, respectful, and tight knit (Wyo1, Ala1 x2, Ida1 x2)
 - Immersion week built a strong positive culture amongst peers in Alaska. (Ala1)

STUDENT SUPPORT

WELLNESS

- During Clerkships, it is difficult to schedule doctor's and other appointments due to schedule and fear of asking for time off. Consider announcement from Clerkship Director regarding personal time for medical appointments at orientation or giving students mandatory half days off from Clerkships. (Sea4 x3)
The clinical clerkship absentee policy can be accessed through the student handbook; please read it carefully, <https://blogs.uw.edu/medevalu/files/2017/09/Clerkship-Absentee-Policy-070117-Final-9.25.2017.pdf>. Students are allowed up to 2 days off for 4-12 week rotations for anticipated absences to allow for doctor's appointments or other personal matters. If students are having trouble getting time off (with advance notice), please contact Dr. Maestas. The dean's office will send a reminder to the clerkship site directors regarding this policy. (Raye Maestas)
- Would like Wellness Council to have more funding, be more active, and have more faculty present at our meetings (i.e. Dr. Maestas). Wellness is about creating meaningful community, fostering accountability among students and faculty, and expanding physical and emotional safe spaces for our students. (Sea1)
I would love to attend the wellness activities to the degree that my schedule allows. It has been one of my goals as we bring on more help in the Student Affairs unit. If there are specific wellness activities that are critical for students that I attend, please let me know, and I will make every effort to adjust my schedule to make this happen. (Raye Maestas)
- Have more events for students who are parents. (Sea1)
The Seattle Counseling & Wellness Service offers two family events per academic year – a Halloween event and the Seattle Children's Museum in the Spring, but we welcome any and all new ideas and suggestions. (Joanne Estacio-Deckard, LICSW, Seattle)
- Dr. Wilson is very helpful to MT students, but our remote location makes finding resources (like counselors and learning disabilities harder). Is there a way that we can easily connect with specialists in Seattle? (Mon1)
Each site has a mental health counselor and a learning specialist who are contracted with the School of Medicine to see students free of charge. If a learning disability evaluation is recommended or desired, a student can begin to discuss the process with a counselor, the learning specialist, or their personal health care provider for resources and referrals. Personal health insurance is required for these evaluations and it is important to work within the in-network providers listed by the student's insurance plan if possible. Students are encouraged to consult with Dr. Maestas, for problem solving, if they are having difficulty navigating the process. (Raye Maestas)
- When a student is failing, why is there not an earlier meeting of faculty to help student sooner. It seems to be just pushed under the rug until the end of a block. (Mon1)
The block lead, the Director, and the Learning Specialist talk after every exam. We always encourage all students to meet with the faculty and Learning Specialist if they are having difficulties but will reach out more specifically to those in need in the future. (Martin Teintze)
Thank you for asking this question. We have created a new position, Proactive Advisor, and are implementing a new system to identify and help students early with issues whether they be academic, personal or professional. We have just filled this position and you will be hearing more about this soon. (Raye Maestas)
- There are individual exceptions, but overall, I do not think UWSOM has a culture of support for our well-being. There are words of support but empty wellness events. We need to work on students work-life balance. (Ida3, Spo3)

COUNSELING

- Would it be possible to get a mental health prescriber working part time with the counselors? (Sea2)
The Counseling & Wellness Service would be thrilled to have a mental health prescriber to work with us and will formally make this request. Be aware that budgetary limitations may preclude the hiring of such an individual for the upcoming budget cycle. (Joanne Estacio-Deckard, LICSW, Seattle)

CAREER ADVISING

- Career Advising needs work in providing support early on to students considering competitive specialties. Lots of energy is focused on preparing students to go into primary care, but the preparation does not always align with what is needed for competitive specialties. Students should also be supported in their goal specialty, with a healthy amount of realistic goal setting and expectations vs. being told they should rethink due to scores on practice tests. (Sea1, Sea2 x2, Sea4, Spo4, Ala4)
- More structured Career Advising for each year would be helpful starting in Foundations, but after first years have settled into school. (Mon1, Ida3)
- Currently, it is difficult to get quality support for students not going into Internal Medicine or Family Medicine. Need more support for specialties outside of primary care. (Mon4, Ida1, Ida4)
- Need Career Advising more accessible to students outside of Seattle Foundations site. (Ida1, Ida3)
- Some students are paying for career advisement outside of UWSOM, as Career Advising is perceived as contradictory and that not all feedback is valuable. (Ida4, Spo4)

A third Career Advisor is currently being hired. This significant increase in staffing from historically one career advisor to three career advisors provides the opportunity to enhance career advising and provide a structured and strategic approach to supporting students' career explorations and decision making. Starting with E20s each student will be assigned to one Career Advisor who will work with them across all four years. Each of the three Career Advisors will have regional assignments allowing them to focus their time and travel on those specific regions and students, while still being available to support any UWSOM student. Starting in Fall 2020 each Career Advisor will travel twice a year to their assigned regions, up from once per year currently.

Starting summer 2020 the Career Advising team will provide drop in advising hours every week. While students can still make an appointment with a career advisor any time in person, Zoom or phone, drop in advising will offer additional time for students to ask questions, get feedback without needing an appointment.

The Career Advising team will be building out new programs to provide more opportunities for students to explore and build networks across specialties.

ACADEMIC SUPPORT

- Would be helpful for study techniques and tools to be shown to students at the beginning of medical school, whether this is a talk given by Yvonne or MS2s explaining various resources outside of school (Anki, Boards and Beyond, Pathoma, etc.) and some tips on how to organize slides and syllabi. (Sea1 x2)
Thank you. Yes, we do discuss study techniques in curriculum and outside of curriculum in our initial talk with MS1's. We, Academic Support learning specialists across the region, plan to provide even more study planning structure and resources at the orientation talk this upcoming year. (Yvonne Tyler)
- More concrete tools would be appreciated from learning advisor vs. advice to take a break and find more balance. (Mon1)

GENERAL

- Counseling intro-appts with people at Seattle campus are lovely. I wish we had these with career advising & study skills/tutoring (Sea1)
- How's the candidate search going for the new Jamey Cheek? (Sea2)
We are currently interviewing candidates. (Raye Maestas)
- Would appreciate better communication between student support and academics. Often student support staff are unaware of how clerkships work, how residency applications and match work, etc. (Ala3)
- Need staff to be more responsive when working to set up and arrange rotations. It's frustrating repeatedly emailing registration and scheduling staff without a response and then get in trouble for missing a deadline by a day. (Ala4)
- Many students feel very supported, though there isn't always enough time to access resources. (Sea1, Sea3, Ala1, Mon2 x2, Ida1 x3)

POLICIES

INSURANCE

- Suggest having the school reimburse for costs of compliance requirements or pay upfront for them (i.e. Castle Branch registration, TB tests, vaccines, background checks, mask fitting, etc.), in lieu of the “compliance award.” This is a large cost for students, and insurance does not cover TB tests while out of state during Clerkships. (Sea2)
- We need an insurance option for medical students other than Medicaid. Lack of health insurance is a barrier to entry to medical school, and not everyone qualifies for Medicaid (note that many people are also not on parent’s insurance, as our class’ average age is 26). Additional challenge is that Medicaid does not cover out-of-state medical costs. This also presents a challenge for students who were the insurance providers for their families prior to beginning school. (Sea1)

We appreciate that this is a very important issue for Washington State students. We have met with the provost on upper campus to advocate for reinstating the UW-Student Health Insurance Plan and there is an effort by a larger student body (upper campus) to lobby the legislature to reinstate this plan as well. More recently, we have been working with members of the second-year class (Melanie Langa, Kelly Stewart, and Zannah Herridge-Meyer) to explore options for Washington state students. We met with the Director of Washington Health Exchange and the head of the Washington Health Care Authority in January 2020. Below is a summary of what we knew going into the meeting and answers to questions we posed about options. (Raye Maestas).

Because the state of Washington expanded Medicaid eligibility, the University of Washington does not offer a Student Health Insurance Plan and students across the state (who are not on a spouse or parent’s plan) must go to the Washington State Exchange for health insurance. Because most student incomes are \$0, the state Exchange only offers Medicaid as a health insurance plan. There are several insurance companies who offer Medicaid, like Molina, Amerigroup, United Health and a couple of others. Any student whose income (not financial aid loans) is below \$1,436 per month qualifies for Medicaid. Medicaid is free for most people and offers comprehensive coverage. When students begin traveling out of state in the Patient Care Phase, we talk with each class during class meetings about their health insurance options and some challenges of coverage across state lines, however, we were told that emergency care is covered by Medicaid and in-network care (providers or clinics in other states who are pre-approved to accept your insurance plan) is covered. We continue to better understand how Medicaid works/doesn’t work across state lines and expect more detailed information to additional questions we have submitted to the head of the Washington Health Authority who administers the Medical plans. Upon receiving some guidance from them in writing, we will create a document for Washington State students to better understand their options.

ATTENDANCE

- Attendance at class meetings does not feel necessary, and the content could be communicated via email. (Sea1)
- The policy on attendance for lecture needs to be clearly communicated to students. In the Seattle Lifecycles Block, students were told professors were taking note of who was coming to lecture and that students with borderline scores would be failed if they didn’t attend lecture (Sea2). For sites with smaller classes, students have been told they would get a notice of concern for missing non-mandatory class and have been given attendance quizzes that seem “patronizing.” Many students learn best outside of lecture, so UWSOM should encourage this. (Ala1, Mon1 x2, Wyo2 MD/PhD)
- Returning to school the day after New Year’s interfered with student wellness and the ability to spend time with friends and family. Suggest pushing back the first date of Winter quarter to allow students more time with family and to travel back. (Ida1)

OTHER

- If a student has been reported multiple times for racism, sexism, sexual harassment, etc., an investigation should occur, and accountability needs to be in place. (Sea1)
Need more detail related to this comment. These types of reports are taken very seriously and are fully investigated, either by medical school administration, Safe Campus, the Title IX officer, or the Office of Community Standards in upper campus. The person making a report is looped in, to the degree that is possible given confidentiality and privacy concerns. (Raye Maestas)
- I did not feel supported or valued by UWSOM after the residency office denied my residency after being admitted as an in-state student. After asking for someone to advocate on my behalf, I got no follow through except from Josh in Financial Aid. I am disappointed in how this school has taken care of its students. (Sea1)

MISCELLANEOUS

FINANCIAL

- Have more transparency on what medical school tuition goes towards. (Sea1, Sea3, Spo4)
 - Especially in fourth year when preceptors are unpaid so there is very limited engagement with the school of medicine at all.

The Seattle MSA and Suzanne Allen are working on obtaining a breakdown of tuition for Seattle Foundations and Clerkships and will distribute when it is available. Tuition for the Foundations Phase at University of Wyoming, University of Alaska Anchorage, Montana State University, and University of Idaho goes directly to that institution. Local MSAs can work to gather this information from their Foundations dean. (Seattle MSA)
- Students with a III waiver should not have to pay summer tuition after the first year. (Sea1 x4)

We understand the frustration for students with a III waiver having to pay tuition over the summer. We are currently working with the Registrar's office on solutions so this does not happen for future students, but it will unfortunately not be solved by this year. (Suzanne Allen)
- Finances are really hard to manage not having a full year schedule of when disbursements will happen, how much will be given, and what fees will be due (e.g. last disbursement was at the beginning of January but a notice for Idaho Rural Physicians Fee went out end of January after other financial commitments have been made). (Ida3)

Financial Aid is usually disbursed by the Friday before the official start of the quarter. If a student has holds on their aid, registers late, or has clerkships that start late then their disbursement will be delayed. The amount of the disbursement depends on the amount of financial aid they accepted and their tuition charges. If they add or drop clerkships, it may change the amount of tuition they are charged and the amount of financial aid they are eligible to receive. They can contact the SOM Financial Aid staff for details. The cost for both Idaho and Montana Rural Physician Incentive Program fees are included in their budget and they can see that on the Cost of Attendance screen in MYUW on their Financial Status Page. For the 2020-2021 school year the main Office of Student Financial Aid will be updating that page to show a quarterly breakdown of the budget so students will be able to see which quarter they have these additional costs is and the aid to cover those costs. (Diane Noecker)

DIVERSITY

- Hire more diverse faculty and more staff to support CEDI and programs that aim to increase diversity in medicine (Sea1 x3).
 - If we want to truly increase diversity in medicine, there needs to be more funding that goes to the programs that seek to do this. Primarily, CEDI - hiring more staff that can help support programs that help undergrads who wish to embark on the extremely difficult road of medicine that is even harder for them because of their socioeconomic backgrounds and societal pressures (LGBTQ or skin color), as well as overt racism (mainly from patients, which UWSOM can't do much about, but should acknowledge that this only makes medicine a more rigorous path leading to more burnout). CEDI is great, but it's not enough at this stage. There must be more support. If UWSOM is truly wishing to reflect the community with their medical school class(es), they must support the programs that will make these at-risk students (of leaving medicine before ever starting) better prepared.
 - There seems to be a theme of students pushing for change and having to force people to do their jobs to get anything done. Students and faculty take on extra tasks and responsibilities to make programs run smoothly or generate new ideas while people in positions of power take credit. Also, claiming to want to have a diverse and inclusive medical school means nothing if our admissions, curriculum, and positions of power do not consist of diverse people.

The UWSOM is committed to the work of anti-racism, equity, diversity and inclusion in all areas of student support, admissions, curriculum, and administration. Recruitment of diverse staff, faculty and leadership is ongoing. Programs that support URiM students are being re-evaluated with input from students and restructuring for more effective outreach and support is a priority of senior leadership with changes that will be announced soon. Curriculum is constantly undergoing scrutiny and review for bias and racist material. UWSOM has made a commitment for faculty development as well. The deans and staff in academic affairs have participated in anti-racism education through the People's Institute and are working through the Call to Action by SARU (Students for an Antiracist University), in part through the continued work of the Anti-racism Action Committee. Leadership is committed to making these changes with a goal of moving towards eradicating historical bias and racism in our institution. Administration and faculty must take responsibility for doing this work, and input and feedback from students is vital in this effort. (Raye Maestas)

OTHER

- Spokane has a Student of the Quarter who then receives a parking pass. This improves student morale and camaraderie (and parking is expensive). Could other campuses do this too? (Sea1)
Seattle MSA is having discussions regarding student recognition to build community and acknowledge the accomplishments of our peers. Stay tuned! (Seattle MSA)
- The pilot Seattle weekly newsletter is harder to use rather than getting normal emails. Having mixed MS1/MS2 content is hard to find what is relevant, and repeat emails are still sent. (Sea1, Sea2)
Thank you for this feedback. The Seattle weekly newsletter is in response to previous feedback about the burden of email volume students receive. We will evaluate this newsletter continually and assess its effectiveness. (Seattle MSA)
- Seattle students please be more mindful of sending emails about events WWAMI students aren't able to attend, specifically meetings with no Zoom option or events that aren't applicable (i.e. for Seattle-only events, send to just Seattle listserv). (Spo2)
Absolutely. We will communicate with Seattle students to only send emails to the entire WWAMI region if it is pertinent for all or if an event has a Zoom option to join. (Seattle MSA)
- I am receiving emails from school departmental advisors asking which programs I plan to rank. I partially understand why this is happening, but it seems that their endorsement is hinging on where we rank programs versus endorsing us because we deserve it. (Sea4)

SITE-SPECIFIC

SEATTLE

General

- It was unfortunate that we all arrived to the class meeting half an hour early due to Opal mismatch. Please ensure schedule in Opal is accurate. (Sea1)
- A stronger sense of community across all persons would make speaking up in the lecture hall and small group sessions more comfortable. (Sea1)
- Appreciation: Thank you for flexibility during the Seattle snowstorm. (Sea1)

Curriculum

- Would it be possible to have the radiology content not interrupt our time in the anatomy lab? We often don't have our note-taking tools during these sessions, which makes it difficult to solidify the information (Sea1)
- Please review block lead behavior during the Lifecycles block. (Sea2)
- Please be upfront in the start of the year about the degree of required attendance across each block. This affects housing and wellness when expectations and structures are radically changed from block to block. (Sea1)

Facilities

- Seattle medical students are often fighting for space with undergraduates and other health professional students in the Health Sciences Library, 5th floor study booths, and South Campus Center. Study rooms seem to always be reserved. This is extremely frustrating. We need a dedicated quiet study space, preferably secured with card access, in Seattle. (Sea1 x2, Sea2)
- The chairs in T-435/439 need to be fixed. Many of them are sagging (T-435 5th row on the right side when facing the front) and squeaky. They are also difficult to get in/out of ("you'll need to be circus trained in order to pretzel your way into the seat next to your friend"). (Sea1 x3)
- The medical student lounge is starting to look a little dirty and does not have adequate supplies. (Sea1 x2)
The medical student lounge is a common space that is the responsibility of medical students to clean. MSA provides cleaning supplies (below sink) and hosts quarterly cleanings. Custodial services takes out the compost/garbage/recycling bins and vacuums twice a week. However, cleaning of the medical student lounge is a community responsibility. (Seattle MSA)
- Provide access to a women's locker or changing room on the 4th or 5th floor of the T-wing. (Sea1)
- Please provide some basic coffee and snacks for students in the lounge. This would foster community, make being at school more enjoyable, and make us feel valued. (Sea1)
- The anatomy lab is cramped without adequate technology, which is available at many other medical schools. (Sea1)
- Appreciation: T-wing rooms are well-equipped with whiteboards and moveable desks and chairs, and mats, which is great! (Sea4)
- Appreciation: I really appreciate the quiet room. Being able to meditate immediately prior to class is helpful. (Sea2)

SPOKANE

Student Support

- Wellness, tutoring, and activity resources are extremely limited in Spokane with the added caveat that the resources we do have through Gonzaga stop being available once we finish Foundations. (Spo2)
Wellness: We are working with GU about developing wellness activities targeted at UW medical students. In the past we have tried brown-bag lunch sessions among other activities. Our experience is that student-initiated wellness activities are most meaningful to students (e.g. a yoga class designed and developed by the E15 class). We would encourage and support student-initiated wellness activities.

Counseling: GU provides counseling services to all students during Foundations phase. If students feel access to or quality of counseling through GU is inadequate, please let me know immediately (cell: 509-981-0636). We met with GU counseling services and are planning to re-examine access to and delivery of counseling on campus. During the clinical phase of your education, counseling is offered through UW Medical Student Counseling. We recognize that it would be beneficial to have the same counselor for all four years of medical school. This is a structural issue that the school has been thinking about, but because of the way that insurance has changed over the last few years, the school continues to work on it. We are working with the state to produce a better insurance plan for medical students.
Tutoring: Per Dr. Hammermeister, all tutoring resources for Regional sites are organized through the Seattle office of academic counseling. Since tutors are in their clinical years, it may be possible to connect with tutors rotating in the Spokane area. It also might be possible to organize local tutoring outside of what is offered through the medical school.
Activity Resources: I would be interested in what activity resources our students feel are lacking here in Spokane. Through GU alone are what I would humbly consider robust outdoor and cultural programs, not to mention what is available within the community. (William Sayres)
- The staff in Spokane are incredible, and I feel that most of the faculty are held back in their teaching by the Seattle curriculum and unwillingness to stray from what the block leads feel is most important. Faculty are stuck to what is in the slide deck instead of adapting to include more applicable clinical knowledge. (Spo2)
Our faculty teach the same material as the other regions. We all have input into curriculum design. We are very happy to expand on any topics or make clinical correlations, but in the end, must stick to what is being taught across the region. (William Sayres)
- Loved being in Spokane. Very tight and supportive cohort. (Spo4)

Facilities

- There are no windows in the Spokane campus, which makes it very difficult to be inside for long periods of time. (Spo1, Spo2)
We have looked into punching windows in the Schoenberg learning spaces with architects, as a lack of windows is a common lament. Unfortunately making windows is not possible. Over the last four years, we have made many improvements based on student input and are always open to suggestions from the MSA for improving our classrooms. We are also building a new building that will have windows! (William Sayres)
- The classrooms are freezing; please turn up the heat! (Spo2)
GU sets the temperature at 68°F. Layering clothing is the only way to accommodate everyone's temperature needs and allow for full classrooms to not overheat. (William Sayres)
- Appreciation: THANK YOU for getting us gym and law library access so we can study on campus at late hours! (Spo1)

Learning Environment

- Some lecturers and small group facilitators do not embrace the concept of a safe-to-fail learning space. These individuals also tend to push brute memorization over conceptual and mechanistic understanding, which often comes from less familiarity with teaching. (Spo1)
We are utterly committed to a safe learning environment. We need to know if a student is feeling intimidated or threatened by lecturers or small group leaders. I have approached your curriculum liaisons about mechanisms to report unhelpful learning situations. We can then work with specific instructors to improve the classroom experience for all students. Faculty regularly meet and discuss pedagogy and we have an annual faculty retreat where we work on instructional technique. But if certain instructors are unhelpful, we need to know that. (William Sayres)
- There continue to be cultural/racial microaggressions from faculty in Spokane. (Spo2)
Faculty cannot commit cultural/racial microaggressions. I hope this isn't a faculty-wide problem. We are aware that these may occur and are working on trainings to prevent them. Again, if there are particular faculty guilty of these microaggressions, we would need to know who they are so we might work on prevention. (William Sayres)
- There is a higher occurrence of racism from patients in Spokane. Faculty should be adequately trained to call it out and help students who are affected, instead of brushing it off (e.g. a patient said to students of color "they are plotting against the white

people” and the preceptor said “let’s just let that one slide”). This was very disappointing. It needs to be called out because it is never appropriate. (Spo3)

That type of response from faculty mentors is not helpful. Since this probably occurred during the FCM curriculum, I will bring this up with Drs. Clauser and Hollon. Faculty bystander training comes to mind here. We are absolutely committed to improving the learning environment in Spokane. (William Sayres)

WYOMING

General

- Seems that MS2s are around campus for interview week. They would be a great resource for interviewees, as they have gone through all of Foundations. Most are busy studying but taking a few minutes to answer questions and eat would be great. (Wyo2)

Admissions will be sure the Wyoming Admissions Team gets this message and work with them to try to utilize students more effectively during the interview week. Thank you! (L. Muzquiz)

This is a great point. We will incorporate MS2 students next year. We mistakenly assumed that our MS2 students were too busy with Step 1 prep. Thanks for the comment! (Tim Robinson)

- **Appreciation:** Everyone in Wyoming is wonderful! Thank you everyone for all of the hard work. (Wyo2)

Student Support

- Please have Wyoming counselor reach out to students as support and a reminder that she is a resource more often. (Wyo1)
Great suggestion. I have contacted our counselor to ask her to reach out a bit more frequently to remind students she is available. Thanks for the comment! (Tim Robinson)

ALASKA

Curriculum

- While I appreciate the work Dr. Furilla has put into creating his own slides for the CPR block, his content does not align well with the learning objectives set out in the syllabi. As such, this class time feels less productive. (Ala1)

Thank you for your comments on ensuring the learning objectives are met when PowerPoints differ from the base set. We will encourage all lecturers to review the learning objectives for the sessions and ask them to make a point of covering them. (Kathy Young)

- I know the faculty already tries extensively to get clinical instructors from the community for appropriate modules, but I want to stress how much I appreciate these sessions. Also, I think the WWAMI curriculum derives a lot of its strength for how everything is presented the same across the regions. While it is certainly appropriate for professors to have some leeway with the slides they use, I think students lose out when the slides are deviated too much from the base content. (Ala1)

Facilities

- **Appreciation:** Alaska WWAMI has amazing facilities. We don’t have a dedicated medical school library like other schools, but our private study room and upstairs conference room are remarkably generous considering our small class size. Not to mention the swivel chairs. (Ala1 x2)

I am glad you make good use of the Study Hall and your access to the conference room. There is a medical section in UAA’s Consortium Library as well, although it is not in the Health Sciences Building. (Kathy Young)

MONTANA

General

- **Appreciation:** I have loved going to school at the Montana Site. The professors are top notch. We have a very fun and supportive class. It has been a great experience and I wouldn't have wanted to do it anywhere else. (Mon2)

This has been a sentiment shared by many of the MT students, and per multiple requests MT MSA will be working on an informal faculty recognition system for each block to show appreciation for our faculty that go above and beyond. (Montana MSA)

Student Support

- Really frustrated with the lack of overall resources and learning disability resources available to students. (Mon1)
Our resources are limited, but we can refer students to additional help from outside our site. (Martin Teintze)

This is something that will be brought up in a meeting with Dr. Teintze, the MT regional dean, at a meeting with student leadership on Feb 21st. We'll discuss how to more effectively communicate what learning resources are available and maybe what can be done in partnership with UWSOM and MSU to meet potentially unfulfilled needs. (Montana MSA)

- Accessing counseling services at MSU is difficult due to travel time and expensive parking. Suggest hosting events at WWAMI space and educate counselors on unique difficulties medical students face. (Mon1 x2)
We have spoken to MSU CPS about that and they have agreed to host more events at our site and work on providing parking options. (Martin Teintze)

One such event was hosted in the MT WWAMI space during lunch at the beginning of February. However, attendance was minimal (3 students), and those that did attend had mixed reviews in regard to the session's helpfulness/applicability to the medical student experience. Going forward the MT Wellness Reps plan to have a more active role in regard to when these counseling visits are scheduled to ensure student buy-in, and also work with the psychologist running the session to tailor it more towards med students rather than undergraduates. (Montana MSA)

Facilities

- Study space is limited. We need an area that is not social to focus on studying. There is little space to study individually. The cubicles are often filled with second years studying for STEP 1, and the conference rooms/classrooms are constantly full. (Mon1, Mon2)
We can't increase our space, but we'll try to find ways to utilize or allocate it more efficiently. For example, often a single student is occupying the conference room all day, when it could easily be shared. (Martin Teintze)
- Would be great if the screen in the lecture hall could get fixed! More dry erase markers would also be cool, so students don't have to donate their own for instructors' use. (Mon1 x2)
I fixed the screen during the Winter Break. We'll order more dry erase markers. (Martin Teintze)
- Maintenance was finally able to repair the main lecture hall screen, and MT MSA recently ordered a new batch of (double sided!) markers that were distributed through the WWAMI space classrooms and study areas. (Montana MSA)*
- The Montana gym is on MSU campus, which requires an expensive parking pass or go at certain times to access. (Mon1)
Sorry, we can't change that; it's the biggest drawback to being located at the hospital now, but that has many other benefits. For example, all WWAMI students had to buy parking permits when we were located on campus. (Martin Teintze)
- Appreciation: WWAMI space is awesome. Enjoy the classroom set ups and lab. (Mon1, Mon2)

Learning Environment

- The learning space in Montana feels cramped for some students and this contributes to an unsafe atmosphere for students to share due to multiple instances of bullying and shaming within the classroom. It is not conducive to asking questions or showing uncertainty while learning. (Mon1)
Please report instances of bullying or shaming to the Director or Faculty. We want to create a safe and professional atmosphere. (Martin Teintze)
- It is disheartening to hear that some of our students feel this way and is certainly not acceptable. At the next class meeting the MT Honors Council will facilitate a discussion about how we as a class can be more mindful of attitudes and atmosphere during lecture, and gently remind everyone to strive for an environment that feels safe and conducive to learning for everyone. (Montana MSA)*
- Teachers often sit in the back row during lecture and talk, this is distracting for students in the back of the classroom (Mon1).
The clinical guides are often in the back during lecture, so that they are better prepared for the small group sessions, but they should not be talking. I will remind them. (Martin Teintze)
- Appreciation: The Montana location and environment are wonderful. (Mon1, Mon2 x2)

IDAHO

General

- Provide clearer communication regarding PCP expectations. (Ida1)
We had this one on our radar and held a student meeting to discuss PCP expectations in January. Please feel free to reach out to us to make sure we know how to make this meeting more helpful. The meeting was actually at the recommendation of an Idaho E18 student, so we are making some progress! From discussions with the MSA we will introduce a question about what to expect the first day of PCP can be like. As the Idaho MSA leadership wisely observed one of the challenges for introducing PCP is how varied the experiences can be and that it is a good preparation for clerkships in that respect. We also discussed other items like timing of SOAP notes and working to put together an easier system to track these. We would encourage the Idaho class to

continue to reach out to us as we run into challenges--we know the tracker has had some rollout problems but generally we can help you to efficiently resolve these. (Peter Fuerst)

- The white coat ceremony needs to be moved to a weekend with appropriate designated personal time with families (Ida1) & Wish the white coat ceremony dinner was not changed to a casual event where families could not attend. This was a momentous occasion worth celebrating and have our families share with us. (Ida2)
We currently have two whitecoat ceremonies in Idaho. The first, at the onset of the fall of year one, is a large formal gathering for students and their families with a catered dinner, jazz band, speakers etc. We are planning to move this first family oriented white coat event to a Friday, as the student suggested. This will make it easier for the students' guests. We did transition the second white coat ceremony, after fall 2, to a more intimate gathering of students with each other, spouses and children and their hospital morning faculty. We recognize that some students like to celebrate with their extended families while others prefer the smaller family free gathering because it is a chance for them to say goodbye to their friends before the break and separation of the class. We hope that by having the two events targeted to different purposes that we balance these perspectives. (Peter Fuerst)
- I noticed some student leaders such as SLAC reps and service-learning coordinators were not invited to the student leader meetings. As a student very interested in service learning, I think it's important to have our service-learning representatives to be at these class meetings, so they know what is going on too. (Ida2)
We changed how we organize student meetings this year (2020) and asked our MSA leaders to invite student leadership to this event. We were a little anxious that the entire class would show up given how involved the E19 Idaho class is but our MSA leadership, Devin Gaskins, Allysha Yasuda and Seth Dixon, did an outstanding job reaching out to the class this year and many other student leaders were in attendance and we were able to have an effective and efficient meeting. If the E18 student still has concerns please feel free to reach out to me (PGF) so that I can better understand how to improve our student meeting organization- for example is this a concern the student had about how the E19 class leadership was (or was not) invited to meetings or about how their E18 class leadership was invited to meetings? This will be helpful in our knowing if we are moving in the right direction. We are hopeful that this model will help us to more effectively work together with student leaders and classes. Of course, any student is welcome to arrange formal or informal meetings as needed as well- we are here for you. (Peter Fuerst)
- **Appreciation:** Excellent clerkships, support staff, residents, physicians. Everyone is dedicated to the greater good of our state and to helping address the healthcare shortage in Idaho (Ida3)

Facilities

- The Idaho facilities are incredible, but more breakout rooms are needed for MS1s as MS2s take up the rooms to study for Step 1. (Ida1)
- Please add more solitary study space. Heating also needs to be adjusted in the building—put the monitor elsewhere. (Ida1)
- **Appreciation:** Love the new building and anatomy lab! Tons of study space. Always very conducive to studying. (Ida1 x2)
We are happy to have such a wonderful space and that we are able to interact with everyone so readily now. We acknowledge that some students do tend to occupy break out rooms especially during their dedicated study time, which of course is also an important use of space and will predictably recur every year from January to Mid-March. It is possible and encouraged to work with Dawna MacFarlane to schedule room use and we ask students to be mindful that other students may wish to share the space. We are happy to discuss ideas about optimal building usage – just let us know! We are also working to put together a list of spaces available for student use on campus. We know some students use the libraries and other facilities on campus and want to make this better known to the class at large. We recognize, as our MSA leadership pointed out, that dedicated STEP studies overlap with inclement weather in Moscow and we will work to prepare the incoming class for the expected use of space by year 2 students studying for STEP. (Peter Fuerst)

APPRECIATION AND ACKNOWLEDGMENTS

COLLEGE MENTORS

- The College Mentors are amazing! I am so glad to have that program both because of hospital mornings renewing my joy for medical school and for the continuous mentorship exposure with FCM afternoons. (Sea1)
- Very thankful for college faculty and mentors for always being warm and willing to be supportive when needed. (Sea1)
- College mentor program—the mentors are so dedicated, and I like having one person watch you shape your clinical style and give you longitudinal feedback. (Sea1)
- Thanks to my College Mentor for being supportive, warm, and encouraging from afar during Dedicated. (Sea2)

- I appreciate the help that my mentor (**Amanda Kost**), the medical clerkship coordinator (**Carmelita Mason-Richardson**), and **Dr. Raye Maestas** gave to me in sorting out an identity concern with regards to a clerkship assignment. Their sensitivity and consideration during the process of switching assignments kept a potentially very disturbing situation from materializing. (Sea2)
- I really enjoyed the College Mentor program. I know some people did not have as good of experiences, but my mentor, **Dr. Watanabe**, was fantastic. She deeply cared about teaching us and really jump-started our physical exam skills. (Sea3)
- My mentors have been wonderful guiding me through the match process. (Sea4)
- Very thankful for all of the College Mentors. **Dr. Leinicke** provides thoughtful, actionable feedback during hospital days, makes an effort to check in with us about our lives outside of class, and brings some much-needed humor to the learning environment. (Ala1)
- **Dr. Anne Thomas** has been an extremely supportive College Mentor which I know for a fact has really helped some of my classmates through difficult scenarios. (Mon2)
- I am grateful to my College Mentor for making me feel welcome and included in the medical part of my life while I'm in my graduate school years. It really means a lot. (MD/PhD Ida)

BLOCK LEADS

- **Shobha Stack** has gone above & beyond coordinating triple I and her lectures. Syllabi for CPR should be the example to live by; they are super clear and concise. (Sea1)
- **Andy Luks** is a fantastic block leader. Shobha Stack is an effective lecturer. (Sea1)
- I think that CPR is put together in a really effective way that maximizes our learning and makes the time commitment very reasonable. **Dr. Luks and Dr. Stack** have clearly put a lot of time and thought into making the course what it is. (Sea1)
- **Dr. Luks** is great!! Definitely my favorite block lead so far, very communicative with students, and also an effective instructor. (Sea1)
- **Dr. Stack** is an incredibly kind, passionate, empathetic person. I feel lucky to have had her as a professor. (Sea1)
- I really enjoyed I&D and the work **Dr. Ramchandani** did to make the curriculum manageable and interesting. (Sea1)
- **Dr. Ramchandani** is super supportive. I wish I talked to her more. (Sea1)
- **Dr. Meissner** our lead block for INDE was excellent. (Mon1)
- I really appreciate **Dr. Meissner** and the time she takes to ensure that the students are really learning the material. She goes above and beyond for students, and we are lucky to have her in Montana. (Mon1)

FACULTY

- Please keep **Mara Rendi** coming back for pathology lectures. (Sea1)
- Overall, I truly appreciate the time we get in smaller group settings with trained physicians who are out in the field, and still taking the time to contribute to our education. (Sea1)
- Shout out to **Dr. Eric Kreiger**, who gave an excellent presentation on congenital heart disease! (Sea1)
- Please keep **Edwin Lindo**. He is one of the VERY FEW faculty members that actually says what needs to be said and has the knowledge and experience to teach us about disparities and racism. Every faculty member should go through anti-racism training and have their course material reviewed before presenting to students. Otherwise, white students hear racist information and think it is true will ultimately harm their patients and colleagues of color. He honestly should be a dean at the school because he has what it takes to lead changes that will limit violence against students of color. He and **Dr. Estell Williams** are one of the biggest reasons some students of color chose UW. They are doing the work and creating a safe space for students of color to come together. (Sea1)
- **Edwin Lindo** is busy but always provides wonderful support and advice that strengthens my purpose to be here and to continue striving for success despite all the racist, prejudice acts that occur within medicine. (Sea1)
- **Edwin Lindo** is doing foundational work for this school and the surrounding community. (Sea4)
- **Edith Wang** for taking a lead on the CBSR course and providing adequate support for students. (Sea2)
- Thanks to **Dr. Chris Hague and Dr. Edith Wang** for creating the pharmacology Step 1 review page on Canvas - it must have been a monumental effort to compile all of our pharmacology content from each block and organize it in one place. This is very helpful, and we appreciate you! (Sea2)
 - Really appreciate whomever in Pharmacology who went above and beyond to create an extensive interactive list of pharmacological drugs during the Capstone course. They had mentioned this took over a year and a half to make. I hope whoever did this, their work and dedication is very appreciated. (Wyo2)
- Saw that the CBSE will not take place on Veteran's Day for next year's class and appreciate the work that went into making that happen, especially communication by **Dr. Wang**. (Sea2)
- **Dr. Michael Krug** is a dedicated, passionate, effective, overall exceptional mentor. He is an attending for the IM clerkship in Boise, Idaho. (Sea3)
- **Tim Chestnut** has been there for us literally whenever we need it. I think if I was struggling academically and asked nicely, he would literally show up at my doorstep until I understood the material. (Spo1)

- **Jake Decker** is working extremely hard to improve our curriculum and clearly taking student input to heart. (Spo1)
- I have really enjoyed our faculty. Dr. Stephens has been especially helpful, and I appreciate that he will come in for office hours. (Spo1)
- **DR. WILLFORD** IS THE BEST EVER! Cases are usually helpful. (Wyo1)
- I am appreciative that UWSOM brings in such incredible lecturers to teach us material. It's great to have an expert to ask questions of. I also love FCM and the clinical opportunities it brings. (Wyo1)
- **Dr. Cussick** is an incredibly knowledgeable and helpful anatomy professor. (Mon1)
- Would love to acknowledge **Dr. Meissner, Dr. Cusick, Jenna Nagy, and Dr. Wilson** at the Bozeman Foundations site for their help and support. Their dedication for all of us, especially willingness to meet with students out of class, is greatly appreciated. (Mon1)
- Special shout out to **Dr. Meissner and Dr. Cusick**. They really go the extra mile for us! (Mon1)
- I really appreciate our instructors' willingness to hold review sessions, or just be available to answer questions. Particularly **Dr. Cusick and Jenna** for HFF. (Mon1)
- **Dr. Wilson** is always encouraging and optimistic and good at recognizing when the stress might be getting too much. (Mon1)
- I am very thankful for the professors and staff at the Montana WWAMI site. The professor's truly care about making sure the students understand the material and show a lot of energy during teaching the material. The college mentors are phenomenal, and staff is easy to contact for questions. (Mon1)
- **Dr. Laura Goodell**, who is a leader for CPR small groups, is a really great teacher. (Mon1)
- **Brian Wakefield MD, R3 Ob/GYN** and **Kate Perez MD R3 IM** (Mon3)
- Shoutout to *all* of our Montana faculty and staff, with particular attention to our foundations phase block leaders & both Kaylas. (Mon2)
- Our preceptors and teachers at the Montana site are second to none. They are always so excited to teach us and willing to help us learn. I have really enjoyed working with all of them. (Mon2)
- My PCP **Dr. Spinelli** was an absolutely fantastic mentor/teacher. **Dr. Goodell** is in the top 3 best lecture teachers I have ever had. (Mon2)
- **Dr. Fuerst and Dr. Freeman** for their openness and willingness to help and guide. **Dr. Hodges** for his insight into clinical practice. (Ida1)
- Huge shout out to **Dr. Fuerst** for continually being a supportive force and **Whitney Vincent** who is a true queen of logistics. (Ida1)
- I love most of the professors teaching us, especially the ones who are longitudinal. **Drs. Hodges, Mullatt, Fuerst, Seegmiller, Sanchez, Freeman, Pfeiffer**, etc. are all wonderful, encouraging, and helpful. I'm enjoying the small group cases more than I thought I would, and PCP is a wonderful experience. I'm trying to convince all pre-meds I know to come to UW because it is the best environment with the best people. (Ida1)

WELLNESS

- Appreciate Wellness Council and MSA's initiatives. (Sea1)
- I'd like to thank the counseling services for reaching out to connect with students who had not initiated making a relationship with a counselor. (Sea1)
- I appreciate **Cliff Kelly's** efforts with counseling services. He has offered a lot of student outreach and support. (Sea1)
- **Cliff** is an amazing counselor. He has so much cultural humility and helps me remember how human I am; that this experience is difficult and that it's ok to feel frustrated. (Sea1)
- Thanks to the counseling service, especially **Joanne!** (Sea2)
- Faculty mentors & wellness center staff are supportive and caring. (Sea2)
- Counseling services have been amazing. (Sea3)
- Love the Seattle counselors! I haven't taken advantage of the drop-in hours at HMC, but I am comforted by knowing it is available. (Sea4)
- My sincerest thank you to mentors, faculty, and staff who go above and beyond to make up for the lack of wellness resources we have here in Spokane. (Spo2)
- Great wellness resources available. (Spo4)
- I am very thankful for the Wellness program as it continues to be an opportunity to celebrate and feel appreciated by UW. (Ala1)

STUDENT SUPPORT

- **Melinda Frank** really listens to my issues and genuinely tries to improve the issues. (Sea1)
- I really appreciate **Melinda Frank** and the support she provides for students going through difficulty. (Sea2)

- **Danielle** in CEDI is amazing. She does so much for students and faculty alike and does not get the credit or appreciation she deserves. Without her, a lot of students would feel unsupported. We would not have many of the programs we do if it wasn't for her. (Sea1)
- **Danielle Ishem** should be promoted to the Director of CEDI. She is the only consistent and persistent supportive staff member for students of color. She puts in many hours to make sure programming runs smoothly. If we (students of color) need anything, we know she will help us get what we need. She is a safe and always willing to listen. The number of students that come to her office for emotional support can no longer be counted. She is a shining example of what leadership, compassion, and work ethic look like. She wears too many hats and is not being recognized for the work she puts in. (Sea1)
- **Danielle Ishem** supports me and always makes time for me. Her work here is invaluable. (Sea1)
- I greatly appreciate CEDI and all the work they do to make the school truly feel inclusive. **Danielle Ishem, Estelle Williams, Edwin Lindo** are all doing amazing work to reach out to the community, educate us/other providers, and improve visibility of POCs in medicine. (Sea1)
- **Brenda Martinez** works in a specific department, but she never fails to support me in my medical school journey. (Sea1)
- **Dr. Hamilton** made time for me and supported me. He shared his journey with such strength and resiliency that it continues to inspire me to be the best I possibly can. (Sea1)
- I really appreciate **Ashley Russel's** weekly schedule emails. If I forget to sign up for an event the first time, I can easily see it in the calendar on her emails and sign up. Thank you! (Sea1)
- **Yvonne** has been a great support during Step 1! (Sea2)
- **Linh Ngo** from Career Advising is highly responsive and respectful. She does an amazing job! (Sea4)
- Career advising has been great (e.g. **Linh Ngo**). Career advisors FAQ list is helpful. (Sea4)
- The Career Advisors have been amazingly supportive and proactive throughout the residency application process. (Sea4)
- Our learning specialist, **Dr. Wilson** has been incredible in helping us adapt each block and cope with stress. She is an incredible resource. (Mon1)
- **Dr. Wilson** at the Montana site is an amazing individual who goes out of her way to make sure all the students have the resources to keep up academically and maintain a good balance personally! (Mon1)
- **Dr. Wilson** is an amazing support, and she makes it much easier to deal with the stresses of medical school. (Mon1)
- Thank you to **Dr. Freeman**, our academic specialist, for all the hard work she put in helping us prep for Boards studying and always being available to answer emails, calm us down, and doing it all with a smile. We're lucky to have you! (Ida2)

PROGRAMS

- Just started PCP; already one of my favorite parts of medical school thus far. (Sea1)
- All of foundations. The opportunity to travel to different locations. Scheduling for 4th year students must have been a very challenging task and I want to thank all the schedulers. (Sea3)
- FCM clinical skills PDF was highly useful, peer tutoring program is useful, ARAC is a good idea (although unfortunately, students are so busy that it's hard to participate in it), some preceptors are med students' heroes and are very interested in teaching. (Sea4)
- I am finding pretty much everything about FCM helpful, exceedingly useful, and a lovely part of the curriculum that regularly gives me that clinical exposure and a reminder of why I want to be a doctor and what I'm doing this all for. (Spo1)
- Clinical training during Foundations is excellent, the "good clerkships" are really, really good. (Spo3)
- Everything FCM is wonderful. The faculty and actors do an amazing job setting up simulations and going through the different modules. The resources that are available to help with the general curriculum are vast and offered profusely. I feel very taken care of. I appreciate the effort the faculty puts into the classes and in how they have community physicians come in to teach their various specialties. (Ala1)
- PCP has been great so far. Our instructors are amazing and so caring. (Mon1)
- Positive learning environment in all of my Clerkship sites. This has been due to the attendings, residents and support staff that work hard to ensure a good clerkship experience. (Ida3)
- I have appreciated the quality of learning experience I have received during all of my clerkships so very much. I had a notably difficult line up, places that were considered more challenging but great experiences, and I could not have learned more. I also have appreciated administration, attendings, fellows, residents and peers who have been supporting along the way. There have been some and I couldn't have been more appreciative. Almost all of our foundations and clerkship lectures/didactics are great, our academic and clinical faculty and I thought the zoom series were great to prep us for away rotations, scheduling fourth year and making a CV etc. (Ida3)

STUDENT AFFAIRS/ADMIN

- Thanks to Registration for being so available to answer questions about signing up for electives in the Patient Care Phase. They are so friendly and helpful and made what previously felt like a confusing process seem straightforward and accessible. (Sea2)

- **Sarah Wood** in Student Affairs and **Rachel Fong** in Registration are both extremely knowledgeable, professional and really go the extra mile for students and always are kind and empathetic, good at trouble shooting. (Sea4)
- My family, who are not super involved in my med school experience and don't have a background in medicine were able to watch the Transition Ceremony online. They really appreciated the ceremony, especially Dr. Pagalilauan's speech, which they said they found both helpful and funny, and it's helped us have conversations together about med school that we weren't able to have so easily before. (Sea2)
- **Tim and Marivern** and all of admin are great people who advocate for what's in students' best interests. (Wyo1)
- Wyoming WWAMI administration have been fantastic and have been a big part of why I've enjoyed my time so far in the WWAMI program. (Wyo2)

OTHER/GENERAL

- Appreciation for MSA!!!! And for people who speak up about improving the learning environment here. (Sea1)
- I appreciated how dedicated the faculty are to our learning, the counseling services, the career advising staff, and how much respect and responsibility we are each given as students. (Sea1)
- In general, so far at UW, I have loved the classes, and can tell that faculty and staff are working hard to give us the best education possible. Hospital morning and PCP are great opportunities and integrated well with our course work. (Sea1)
- I appreciate your work MSA! (Sea1)
- Thanks to MSA for gathering this feedback, as always. I am happy you are cutting down your meetings to once per quarter; you are med students first! (Sea2)
- I applaud the additional efforts in providing a central place for medical students to participate in research. It's a good first step, and I hope that it will be continued to be updated and expanded; research is one of the arms of UWSOM's 2-pronged mission statement, so more infrastructure and support should gradually build toward better actualizing that goal with better student access to research throughout their time at UWSOM. (Sea2)
- I appreciate the deans, the faculty and the staff at UW. Literally if I ever need anything, I've gotten the support I needed ASAP. (Sea3)
- I have thoroughly enjoyed my experience thus far and enjoy the faculty I have worked with. I have not had a negative experience at my site. (Spo1)
- I really feel like the staff at UWSOM want me to succeed. There are endless opportunities to learn and feel engaged. (Spo1)
- All the faculty are really supportive, and I am super grateful for all the resources that are dedicated to STEP 1 that we have access to through the school! (Wyo2)
- Great rotations, generally great faculty, great students. (Ala4)
- I have enjoyed how involved my class is, in everything from service-learning projects to holiday parties. We've done a good job of being inclusive and making an effort to get to know each other past just academics. (Mon1)
- I feel like so far, the workload has been appropriate, and the learning environment has been nothing but supportive. (Mon1)
- I really appreciate the commitment of our instructors and most of our professors' personal investment in our success. I love the opportunities to volunteer and engage in activities that tie our skills and privilege with assisting the community. (Mon1)
- I've loved the general support from all of the staff. Everyone seems very willing to help when I need something or have a question. (Ida1)
- I appreciate the cap of 4 hours of lecture each day to allow time for studying. I also really enjoy the time spent with patients during this phase of training as it puts things in perspective. Thank you! Also, I feel very secure in knowing how many policies are in place to reduce bias and gender, race, or other forms of discrimination. (Ida1)