

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

# WE HEARD YOU #7 SPRING 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 June 1, 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 Spring 2020 WHY and Deans and Friends meeting identified a number of concerns about medical school programs and policies during COVID-19, as well as concerns about an EHM incident rooted in anti-racist work.

## UWSOM COVID-19 RESPONSE

This survey received responses in May of 2020 and the meeting with Deans was held on June 1, so some of the concerns and topics that were discussed may be outdated by the time this document is circulated. Key highlights include: all sites will be returning to campus for some amount of clinical learning and anatomy, with site-specific details. Remote proctoring for exams will be maintained in accordance with the UWSOM Curriculum Foundations Evaluation and Assessment Committee recommendations. Administrators acknowledge the need for greater flexibility in attendance policies given the disproportionate impact of COVID-19 on some students, particularly caregivers. To enhance communication between students and admin on fluid COVID-19 policies, there will be a weekly newsletter as well as a constantly updated HUDDLE page. Please refer to these resources for the most up-to-date information regarding COVID-19 policies.

## EHM

There has been extensive discussion of an event that took place in March 2020 during an E-19 EHM week as well as the context, implications, and response to such an incident. This highlighted the need for a more robust anti-racist education for all members of the UWSOM community, specifically regarding anti-Blackness in the context of this example. For details, please see the comments under "Learning Environment: E-19 EHM Week 2" below, and we highly recommend you visit [seedsofbamm.wordpress.com](https://seedsofbamm.wordpress.com) for more on the ongoing conversation.

Feel free to contact your MSA representatives for any questions regarding the WHY process and content. We are here as your advocates and liaisons. The responsibility of the WHY survey and document will be transitioned to the MSA Board beginning this Fall 2020.

-- 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  
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Matthew Evans, Montana Treasurer

## METRICS

The Spring 2020 We Heard You survey received a record number of responses—116 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          | 17        | 8         | 4         | 4        | 17        | 8         | 58         |
| MS2          | 8         | 2         | 2         | 1        | 6         | 3         | 22         |
| MS3          | 5         | 4         | 2         | 1        | 3         | -         | 15         |
| MS4          | 6         | 5         | 2         | 1        | 1         | 3         | 18         |
| MD/PhD       | 3         | -         | -         | -        | -         | -         | 3          |
| <b>Total</b> | <b>39</b> | <b>19</b> | <b>10</b> | <b>7</b> | <b>27</b> | <b>14</b> | <b>116</b> |

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

|  | Seattle<br>(n=39) | Spokane<br>(n=19) | Wyoming<br>(n=10) | Alaska<br>(n=7) | Montana<br>(n=27) | Idaho<br>(n=14) | Total<br>(n=116) |
|--|-------------------|-------------------|-------------------|-----------------|-------------------|-----------------|------------------|
| In general, I think UWSOM's learning environment is respectful.            | 4.08              | 4.42              | 4.10              | 4.43            | 4.52              | <b>4.64</b>     | <b>4.33</b>      |
| The curriculum or my clerkship experience has been appropriately rigorous. | 4.03              | <b>4.63</b>       | 4.00              | 4.00            | 4.26              | 3.79            | <b>4.15</b>      |
| I have been able to maintain a good school/life balance.                   | 3.46              | <b>4.11</b>       | 3.70              | 4.00            | 3.41              | 3.93            | <b>3.66</b>      |
| I feel supported by student support services (e.g. Wellness, counseling).  | 4.05              | <b>4.37</b>       | 3.70              | 4.00            | 3.81              | 3.79            | <b>3.98</b>      |
| My experience at UWSOM has been overall positive.                          | 3.85              | <b>4.47</b>       | 3.70              | 4.43            | 4.19              | 4.29            | <b>4.10</b>      |

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

## COVID-19 RESPONSE

### COMMUNICATION

- Though the COVID situation is changing quickly, it would be helpful to students, including incoming E20s, to be kept up to date about current thinking, contingency plans, and options that have already been taken off the table. The information that has been shared was slow to be communicated and stressful to receive without foresight. (Sea1 x2, Spo1, Mon1) Is the administration able to communicate current thinking on a regular basis, and how will this be implemented?
  - Weekly newsletters with updates are being sent out every Friday with relevant information for each class as well as for all students. (Dr. Allen)*
  - To reduce financial strains: is there talk of keeping students in their foundations site for clerkships, to decrease school-sponsored expenses related to student travel and housing?
  - Regarding clinical training: will we have the opportunity to get back into clinical settings, even where that might mean COVID exposure? Are hospital mornings going to resume next term?
    - Yes, the plan is to return to clerkships on June 29 and to return to college activities in the term 3, in the fall. (Dr. Allen)*
  - Fall plans: Are we going back to in-person learning 5 days a week? Or only PCP/FCM workshops? Or not at all? This affects student housing plans.

## FOUNDATIONS CURRICULUM

- We hope that the administration takes note of the successes of online learning as well as our feedback about the struggles. To carry forward the best of the COVID distance learning situation would benefit everyone. The benefits have included extra time spent with family, more focus, and better time-management. Distance learning has shown that small group learning can be just as effective over Zoom, and this should continue to be an option to alleviate long commute burdens in the future. Of course, mandatory meetings, anatomy lab, and patient presentations are vital in person sessions that ought to stay that way. For other encounters such as lectures and small group sessions, students would appreciate respect for autonomy and self-managed learning. Does mandatory attendance serve the student or the lecturer? Is the goal of the school to achieve student academic success by allowing individualized study methods or to enforce standardized learning strategies for all? (Mon1, Sea1, Sea2)
  - Counterpoint: I want to throw it out there that I would not have attended UW if foundations lectures were almost exclusively online. (this is outside of COVID, because obviously that is a different story) (Sea1)
- Please consider reducing required screen time to an absolute minimum for all remote learning being devised and implemented for the future. With pre-class prep, notes, consolidation, meetings, and lectures all taking place on a computer, the strain is really building up (Ala1).
- Please consider allowing students to self-select into small groups for case-based learning that have known functional dynamics. (Sea2)
- Online learning has been less effective at teaching anatomy and providing clinical patient experiences, and this deficit ought to be acknowledged and addressed. What can be done to help first and second years achieve the same level of preparedness for clerkships as our older peers? How will this be approached for E2Os? (Wyo1)

*We are planning to resume hospital tutorials and PCP at all sites in Autumn quarter. All physical exam workshops, including the musculoskeletal exam workshop cancelled in spring, will be in-person at all sites. Other workshops may need to be done remotely, based on local conditions, but with more lead time we are developing more interactive and (we hope) effective plans for these.*

*We have had discussion with the anatomists at all WWAMI foundations sites re: creative ways to revisit and review the spring anatomy topics that were taught online. Ideally students will be able to review the anatomy with cadavers. There is uncertainty in planning however, as COVID-19 is affecting each foundation site differently, and the logistics and availability of cadavers varies by site. We will keep you informed. (Curriculum / Dr. Ryan)*

- The Zoom Exam Proctoring for MS1 exams that was instituted during the MSK Block was executed poorly and was extremely stressful and unnecessary. It was invasive (especially when students are asked to show 360 views of their rooms without warning), disrespectful to each student's integrity, and placed undue stress on students without access to high-speed internet. The stress that this policy caused outweighed any potential benefit. (Sea1 x3, Spo1, Wyo1 x3, Mon1 x2) What is the rationale for this policy? What are the plans to either do away with Zoom proctoring or alleviate the stress it puts on students?

*The rationale for remote proctoring is as follows:*

- *All UWSOM in-person exams are proctored. Proctored exams help ensure the integrity of the testing experience, and that assessments are conducted in a manner that is fair to all students. Instituting remote proctoring brings us one step closer to having "normal" testing conditions while testing away from campus.*
- *Concerns about security of exam questions during unproctored exams led to the decision to suspend the usual post-exam secure review in Exemplify. Remote proctoring allows us to reinstate secure reviews as a learning tool after exams while respecting the many hours of faculty effort that go into writing questions and rationales.*
- *National groups such as National Board of Medical Examiners (NBME) and Aquifer require schools that use their exams to use remote proctoring.*
- *The UWSOM Curriculum Committee recently voted to approve several recommendations from the Program Evaluation and Assessment Committee (PEAC), one of which was to end the practice of unproctored exams.*
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*We recognize that the MSK exam proctoring was not well executed, and that this created additional stress for some students. We are sorry for the additional stress that was created. We are continuing to improve our procedures and proctor training, and this summer's NBME exams should provide a good opportunity for everyone to get used to this practice in a low-stakes situation. (Matt Cunningham)*

- Please acknowledge the experience that MS2s have lost. The accelerated curriculum is very challenging and was implemented because it was thought to be superior and allow students to begin clerkships earlier. However, now MS2s are experiencing condensed clerkships on top of condensed foundations curriculum. MS2s are losing the chance to make up for the accelerated schedule and are losing part of what makes UW students so competitive and helps us to perform well. I absolutely understand that this pandemic is having consequences on a national scale, and for medical schools across the country. I am thankful for the administration and their hard work to get us back into the clinical setting, but we now, as MS2 students, are not able to benefit from this longer time in clerkships, and we still have the negative aspect of an accelerated curriculum that allows for less long-term retention. (Mon2)

*We are sorry that the pandemic has changed your medical school experience. We understand your concern and frustration which is shared by other students and faculty. We are doing what we can to make sure your training remains rigorous and high quality despite the many levels of disruption which have happened during the pandemic. (Curriculum / Dr. Ryan)*

## CLERKSHIP CURRICULUM

- While prior in-person clinical clerkships were adequately challenging and provided appropriate breadth of exposure, students are concerned about the adequacy of education going forward with an online model. (Spo4)
  - For example: In radiology, the attending regularly no-showed, likely for valid patient care reasons. As a student that expects and deserves a teacher, this is frustrating and could be solved by having lecturers with dedicated teaching time.
  - The quality of online clerkships is significantly poorer than in-person, and the tuition charged ought to reflect that experience.
  - Can UWSOM provide students that are affected with shortened clerkships with UWorld access to make up for valuable lost time for studying for shelf exams and Step2CK?
- Students wish there were more meaningful clinical options to engage in right now provided by the school. Consider modeling after other medical schools and creating options for telescribing and other ways for students to engage clinically. Would this be possible to develop for foundations and clerkship students to engage in over the summer and fall quarters? (Sea2)
 

*Our current plan is to have students back in clerkships for summer quarter, and we are working with clinical sites to maximize the availability of in-person clerkship experiences. We are also working with some departments to develop elective clerkships that incorporate patient care via distance modalities, which could be made available for clerkship phase students. Rising second year students will be able to engage clinically through RUOP if they have chosen that as an option. (Curriculum / Dr. Ryan)*
- Changing the school curriculum due to Covid-19 was the right thing to do, but not changing the rule to allow students to take a 4th year clerkship prior to the end of 3rd year for their primary residency choice seems unreasonable. I might be the only person affected by this, but it's causing me to expand a year, despite being able to complete all graduation requirements with 8 weeks to spare. (Spo3)

## TRIPLE I

- Students are very grateful that the III was made optional. However, if students are able to carry out their same research projects without registering, it is frustrating that paying \$6000 for the III course is mandatory to begin with. What does a student doing Discovery or Synthesis research stand to gain from official registration that they would not gain from independently arranged research? RUOP and GHIP require staffed organization, but self-led research is often volunteer-based or even compensated for students at other institutions, so having students pay for the right to work feels like a misalignment of values. Receiving financial aid is important but when it goes right into tuition and accrues interest, there is still a net loss for the student financially. Similar to unpaid internships, only those who can afford to pay for the opportunity can benefit from the program. A better solution than mandating participation via paying tuition would be compensating the research labor as you would any research assistant doing the same work, thus making the opportunity possible for all financial situations. (Sea1 x2)

## OTHER

- Because we are completely online and not using the facilities, would a refund for facilities fees be possible? (Sea1)

*The University of Washington determines facility fees and has determined they will not be refunding facility fees. The University of Washington did not charge change fees for any changes in courses. There were also emergency funds available for students through the CARES Act. More information is available through the University of Washington Financial Aid office. (Dr. Allen)*

- I've been frustrated by the school's continued requests that we stay flexible with the rapid-fire policy changes (these changes are understandable given the rapidly changing circumstances), but when my circumstances have changed there has been zero flexibility on the part of the administration. You can't ask us to be understanding if you're not willing to be flexible on our behalf as well. (Sea3)
  - Please treat students with all of the respect and professionalism that we are told to strive for. For example: changes in policies, expectations, mandatory scheduled events, grading scales, etc are imposed within a power dynamic that is stifling for students. (Sea1)
- What is the money that was allocated for Match Day and the Hooding Ceremony going toward? (Sea4)

*Funds are given to Academic Affairs each year from the School of Medicine for these events. Funds that are not spent on these events remains with the School of Medicine and not with Academic Affairs. Some funds have been spent this year to send items to graduates that normally would have been given to them during the Physicians Oath and Hooding Ceremony. (Student Affairs)*
- Wish UW would have reached out with financial support or some means of making internet access more equitable for students struggling during this time. (Sea1)
- Prometric's dealing with STEP 1 scheduling has been an absolute nightmare. The school is aware of cancellations and other issues happening for many students. Is there a plan to communicate these challenges to residencies when applying or for UW residencies to take this into consideration? (Mon2)

*The AAMC came out with recommendations on Friday, June 19, 2020 on how changes that have occurred at medical schools will be shared in the MSPE letters for medical students' residency application. (Student Affairs)*
- Zoom interviews for residencies is a disservice to applicants. The experience from in-person interviews where the location and entire program can be observed is very valuable. Are there plans for Zoom interviews to be avoided? (Mon3)

*The Coalition for Physician Accountability and multiple specialty societies are recommending virtual residency interviews for the 2020-2021 academic year. (Student Affairs)*
- Moving up Transition to Residency for MS4s was a short-sighted decision that made it lower quality and harder on both staff and students, all for nothing. I think we all could have easily predicted that we weren't going to be back in clerkships by the original Transition to Residency date. I appreciate all the hard work that went into the past few months but the decisions from the top have been bad. (Wyo4)

## FOUNDATIONS

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

### ORDER OF BLOCKS AND UPDATE ON CURRICULUM CHANGES

- After finishing their first year, many students have thoughtful reflections on the ordering of blocks and how it supported or impeded their learning. Here are some specific suggestions: (Spo1 x2, Sea1 x3, Mon1; Sea2) What is the current status of the curriculum change mandated by the Department of Education, and how can students be involved in shaping the result?
- Suggestions include:
  - Consider an academic break between Cardio/Pulm and Renal. The burnout that happens each year at this transition leads to low engagement and retention of Renal content which is an issue considering its common clinical relevance and focus on STEP1.
  - Consider switching MSK/B&C with E&H. MSK and B&C are intense and it's really hard to put your best foot forward into it so late in the year. E&H would be a better entry into the summer.
  - Consider the following order: MCB, Blood and Cancer, MSK, I&D, E&H, CPR. Both B&C and MSK do not require much organ system knowledge and would greatly support learning in the subsequent blocks. Additionally, many PCP patients come in with MSK-related presentations and so having that foundation early would enhance the value of PCP encounters.

- Consider increasing the overall length of Foundations to allow better depth of content in all blocks.
- Consider implementing more structural standardization across blocks to decrease student fatigue and improve objective clarity.
- Consider adding an integrated cumulative organ systems review at the end of every block in order to develop holistic clinical reasoning and have an eye towards the boards.

*The 2022 Foundations Data workgroup, chaired by Dr. Edith Wang and Dr. Meghan Kiefer, has been formed to develop data-driven guiding principles for improving the curriculum as we restructure the Foundations phase to come into compliance with the Department of Education quarter length. The committee includes WWAMI faculty that teach in the Foundations phase, clerkship representation and members of Student Affairs. Data from a limited number of sources, such as the AAMC Graduation Survey, End of phase survey, performance on USMLE, faculty feedback, End of block surveys and student feedback from Student Block Partners have been obtained and reviewed in detail. Dr. Kiefer also is working with students who are developing best practices for 1) assessment and Step 1 prep; 2) course materials and delivery approaches, and 3) potential Foundations schedule. Please contact Dr. Kiefer if you are interested in participating on these projects. The workgroup will create a final report and present the guiding principles driven by the data analyzed to the Curriculum Committee for approval. A subsequent workgroup will be formed to create the structure of the revised Foundations phase based on the approved guiding principles. Students who are interested in becoming involved in shaping the curriculum should contact Dr. Wang.*

*I want to thank the students for their suggestions, many of which have been discussed in the Foundations data workgroup and may be formulated into a guiding principle. (Curriculum / Drs. Ryan and Wang)*

## STEP 1 ALIGNMENT

- There is an inconsistent acknowledgement and coverage of STEP 1 material in our curriculum. At times we focus on rare testable disorders and are left without common clinical skills and knowledge. At other times we recognize topics in STEP 1 study materials that are never mentioned in class. We acknowledge the delicate balance of building a curriculum but would appreciate more transparency about what has been intentionally excluded, so that students can cover that ground on their own time. Additional syllabi prepared to cover those excluded materials would also decrease reliance on third party resources for a sense of comprehensive coverage. What can be done to better standardize and acknowledge the alignment of UWSOM curriculum with STEP 1 content? (Mon1, Ala1)

*We recognize the need for the Foundations curriculum to prepare you well to be successful on your clerkships and medical practice but also for success on the USMLE Step 1 exam. We continue to work to align our curriculum with topics represented on Step 1, but the best approach for achieving this is not settled. In the past, faculty have taken the NBME CBSE exam to review Step 1 questions and see exactly what students will experience. We also have had faculty review NBME CAS exams (Step 1 retired questions) and NBME subject examinations, and plan to offer this again this summer. Each year we review student performance on Step 1, identifying areas of strengths/needing improvement and adjusting the curriculum to address areas where student performance can be improved.*

*Now, we are looking at standardizing our approach across Foundations to better support students as they prepare for Step 1. To determine what the standard should be, the Curriculum leadership along with student and faculty workgroups with regional representation are looking at our current practices, Step 1 performance, and student feedback. We hope to have recommendations in hand this summer and will work on implementing them in the coming years. Students with additional suggestions for how to best support our students preparing for Step 1 are encouraged to email Dr. Wang (ehwang@uw.edu) and Dr. Kiefer (meghanm@uw.edu) who are chairing the current workgroups. (Curriculum)*

## REMIEDIATION

- The remediation process is poorly organized with low transparency. There is no clear plan for block remediation, which causes undue stress and confusion for students that already may be struggling. Can resources be developed for students to learn about the process more readily? (Spo1, Mon1)

*We acknowledge that the remediation process of blocks/threads is not well structured and needs improvement. One of the responsibilities of the Assistant Dean for Basic Sciences (Dr. Edith Wang) is to develop a more standardized approach for block/thread remediation. Dr. Wang has worked with the Curriculum team and recently implemented new lines of*



communication to students approved for remediation. Students now receive emails from Dr. Wang and the registrars that provides information about the required timeline, course registration information and faculty contacts for the block/thread to be remediated. Dr. Wang also is available to answer any questions students may have about the remediation process and requirements.

The Program Evaluation and Assessment Committee (PEAC) also recognized the importance of improving remediation practices and has made the following recommendation that was presented to and approved by the UWSOM Curriculum Committee on June 8, 2020:

*“The remediation process, including communication to students, coverage of block content, exam format, faculty oversight and timeline should be more standardized across blocks.”*

As next steps, a working group, chaired by Dr. Wang, will be assembled and tasked with developing best practice to achieve the approved recommendations. (Curriculum)

## THREADS

- It is difficult and time consuming to track thread scores across blocks and terms. Knowing the point distribution on exams is useful for struggling students but is not always given. HFF has done so, but Histology/Pathology and Pharmacology have not always. Please consider a more automated system for viewing upcoming and past thread point distributions. (Sea1, Spo1)
- The pharmacology thread ought to be better interwoven and emphasized. What opportunity is there to expand the time allotted to this content? (Sea1)

## OTHER

- There is noticeable weight bias in the curriculum in addition to other forms of bias. The bias detection algorithm described in Fall 2019 does not seem to be sufficient, and UWSOM should consider hiring people with strong backgrounds in addressing bias to help aid in curriculum adjustments. (Wyo1)
- The rigor of exam questions does not seem to match board-style questions. It would be beneficial for our learning and future success if we were held to that higher standard during foundations in preparation for successful boards. Anatomy tests especially. (Mon1, Ida1)
- Students did not feel optimally prepared for clerkships. It felt like there was a hidden curriculum and students didn't know what exactly was needed of them. Specific suggestions for improvement that would address this include: 1) seeing and using a clerkship grading rubric during foundations-level clinical encounters to gain familiarity 2) using a FCM or hospital morning session to discuss what clerkships are really like and how students will be graded. (Spo4)
- Please consider expanding the time dedicated to learning about and using ultrasound imaging, given its growing prevalence in clinical medicine. (Ida1, Sea1)
- Consider including more humanities and arts education for all medical students. (Sea4)

## CLERKSHIPS

- Please consider a thoughtful and efficient overhaul of the clerkship credentialing process to decrease the requirement burden on students. Some of the box checking assignments for the clerkships feel contrived. The experience in Alaska felt more streamlined and the burden was reduced. What specific changes have been made to the process following recent student feedback about the burden of the process? (Sea MD/PhD)

*While credentialing for clinical sites is run solely by the clinical or hospital, the school has reached out to our clinical partners requesting more streamlined processes, particularly in the current setting. (Curriculum / Dr. Ryan)*

- Would it be possible to offer MS-2/rising MS-3 students a trade period for clerkships after summer quarter? We understand that there is very little time to allow for credentialing before summer quarter begins. However, it is not clear why students cannot have the opportunity to trade clerkship sites for rotations after summer. (Sea2)  
*The plan is to have a period during which students can trade Autumn and Winter quarter clerkships. (Registration)*
- Is there an update on the consideration of standardized or Pass/Fail grading for Clerkships?
  - Please consider Pass/Fail clerkship grading to increase transparency and remove the high degree of subjectivity from a fundamentally non-standardizable layout. This was previously brought up, what can you share about the progress of these discussions? (Sea 4, Sea MD/PhD)  
*UWSOM clerkship leadership are actively discussing the issue of grading in the shortened Patient Care phase clerkships. This is particularly in regard to the possibility that students may have to miss clerkship time due to illness (of student, family member, or preceptor). A primary concern is the potential detrimental effect that P/F required clerkship grading may have on UWSOM students applying to residency. We are monitoring the results on residency application success of the few other institutions that have moved in this direction. At this time less than 10% of schools are planning to move to P/F grading, but we are continuing to follow the situation nationally. (Curriculum / Dr. Ryan)*
- An incident happened where a student was notified of a cancelled clerkship site three days before clerkship started when travel to that site had already been initiated. Please work to make sure this doesn't happen to students. What is the current policy on clerkship cancellations or changes? (Sea3)
- Please consider modifying E-value evaluations to better serve student needs. Examples: (Sea4)
  - Key residents or attendings could not be found as available choices for feedback
  - Feedback cannot be given for non-MDs, even PAs/ARNPs who were sometimes a majority of the faculty
  - The evaluation can only be done in one sitting rather than as the student passes between supervisors throughout a single clerkship, making it time consuming and challenging to accurately answer the questions at the end. 20 questions per preceptor takes 5-10 minutes, and with larger sites having more than 10 providers, the total time to do evaluations is upwards of two hours.

## LEARNING ENVIRONMENT

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- Clerkships: Some attendings seem to fear repercussions for giving honest feedback, and I wish that weren't the case - I want to be criticized now, while I still have time to change and before I kill someone. How are expectations set for supervisors across all clerkship sites? (Spo4)  
*All faculty receive the UWSOM Policy on Professional Conduct when they receive their faculty appointment. Specific expectations for each clerkship are shared with preceptors through the department. The Policy on Supervision of Medical Students in Clinical Training that is shared with all teaching faculty describes the importance of feedback to students. (Dr. Allen)*
- After an EHM incident between a leader and a student and a learning environment report, it is still unclear to the larger student body what actions were taken and if that person is going to be teaching again this fall. Please work to make the outcomes of ALERT reports clearer to all affected parties. (Sea2)  
*The Incident Report and Oversight Committee (IROC) is currently discussing ways to be more transparent while still protecting student identities. We plan to report out for both the Foundations and Clinical phases annually. The Clinical Phase Report will be released in Fall 2020. The Foundations Phase Report plans to be released in Spring 2021. Those who have made reports are welcome to reach out to the director of the learning environment at any time for more details. Confidentiality and privacy are afforded to the degree required by due process and the law. (Learning Environment / Melinda Frank)*
- Seattle Unity Development: What is being done to help now and for the future?  
*The plan for the E20 Immersion and Orientation was to include a few days at an away retreat to help build community for the incoming class. Unfortunately, this was cancelled due to COVID-19. We are working to plan time in autumn to help build community in the Seattle class. If you have thoughts or suggestions, please share them with Dr. Tolbert (gtolbert@uw.edu).*

- There should be more effort done to help the Seattle class build a sense of togetherness and mutual respect. There is so much division, especially around race which negatively impacts students. We should focus on sharing our stories early and in a safe and respectful environment so that people can learn from each other and feel connected. I wish I felt like my class was a family. (Sea1, Sea4 x 3)
- One of the challenges to developing a community and safe learning environment is the diversity of lived experiences across the region. UWSOM could do more to educate students with privilege who might not otherwise have known that engaging with EHM topics is a benefit to themselves and everyone. Often it is challenging for students who want to understand different lived experiences to know where to start. UWSOM could help with that by expanding on the one book over the summer and encourage students to read from a list. (Sea1)
- E19 EHM Week 2 (These comments and the administrative response were provided in June 2020.)
  - After an interpersonal conflict during the E-19 Seattle EHM week 2, students felt that the administration did not control, de-escalate, or diffuse the situation to protect ALL students involved. Many students were nervous to ask questions or speak up after witnessing the events. (Mon1 x2, Sea 1 x2, Ida1) What is being done to address the incident that occurred and what steps are being taken to prevent this in the future?
    - There was no groundwork to enforce a safe space for learning and no safety net for the natural blunders of learning. The result is many students who are now petrified to explore these crucial topics.
    - The incident in E19 Week 2 was a learning opportunity that was missed for multiple reasons. Firstly, for the content of the incident not being acknowledged and discussed as a learning opportunity. Secondly, for the student action and administrative response equally not being acknowledged and reflected on as a second learning opportunity. Discussions of professionalism and advocacy and value ethics were missed. There continues to be student confusion over the resolution and overtones of the situation, and this is troubling to the student community.

*Multiple student perspectives about this and similar incidents were received through the MSA WHY survey. Comments suggesting that UWSOM puts too much focus on race, or that responding vehemently against inappropriate racist statements is antagonistic, are not included in this document but were shown to Deans and faculty for consideration. The Seattle E-19 MSA believes those statements to be examples of un-explored privilege demonstrating the failures of the EHM and the learning environment to develop self-awareness and provide adequate context for the history of racism in medicine and our communities. There have been further developments in the discussion of this incident; to follow the progress please visit: [seedsofbamm.wordpress.com](http://seedsofbamm.wordpress.com). (Seattle E-19 MSA)*

*Several questions were asked by MSA leadership in regard to EHM—see response from administration: (Dr. Allen)*

- *Biases and racism are important for all physicians to be aware of and learn about given that physicians care for all patients.*
- *We realize that facing our biases and racism is a process and each member of our community has a responsibility to do this work.*
- *UW Medicine leadership is committed to anti-racist training for all members of the UW Medicine community.*
- *The EHM course is being restructured and the objectives will be reviewed and updated in the coming year.*
- Please update “Carmelita’s tips” on the IM website to treat students with respect. It currently states: “We do not consider you students, but professionals in a fantastic apprentice training program. Be the team member others can count on, no whining or comparing shift counts.” The language used of “no whining or comparing shift counts” is belittling because we often associate whining with children and this closes the door towards us identifying a legitimate concern with scheduling or how preceptors and staff may interact with us during clerkships. Please take out the “no whining or comparing shift counts,” and leave “Be the team member others can count on” as a perfect and encouraging sentence without a demeaning attitude. (Sea2)

# STUDENT SUPPORT

## CAREER ADVISING

- Would be helpful to have more comprehensive and integrated specialty advising and to unify all interest groups under a specialty interest board. Would this be possible to help facilitate career exploration early on? (Sea1 and Sea MD/PhD)  
*The Departmental (or Specialty) Career Advisors are responsible for specialty advising. Their specialty advice makes up the Career Advisors FAQ. We are the general career advisors in SOM, and we liaise closely with the departmental career advisors.*

*With the goal to increase access to specialty information and networks for all students across WWAMI this Spring we partnered with SSIG student leaders to co-sponsor 13 MS4 panels and upload recordings to Career Advising Mediasite and we initiated conversations with SSIG leaders and Career Advising Student Advisory Board Leaders to gain student perspective on how best to support SSIGs going forward. We are redesigning our website with a section dedicated to specialty pathways and related resources and this is where SSIG information and recordings would be linked. (Career Advising)*

- Would it be possible to set up one-on-one meetings with career advising, similar to counseling introductory check-ins at the beginning of the year, as first year students enter medical school? What is the best way to schedule individual meetings with career advising? (Sea1)

*We are available to meet with any student at any time. You can make an appointment here:*

*MS1-MS2 Appointment: <https://meetme.so/SOMCareerAdvising>*

*MS3-MS4 Appointment: <https://meetme.so/MS3-MS4Advising>*

*DROP-IN HOURS, M-Th, 12-1pm: <https://uw-phi.zoom.us/j/761975716>*

*Knowing how important it is for students to get their footing and develop agency early on in regard to career exploration, resources and professional networks, we have been talking about how our team could organize to be able to meet with every MS1. We would really love to be able to do this. We haven't been able to meet with all MS1s in the past as there has only been one career advisor. We have a strategic planning team retreat this week and will be talking through how to best actualize this goal of connecting with MS1s early on. We meet with every MS3 in the fall so meetings with MS1s would likely need to be in Winter quarter. (Career Advising)*

- What are some suggestions to navigate career advising resources as a student outside of Seattle? (Spo1)

*We now have a career advisor, Tonja Brown, located in Spokane. She is the career advising liaison to Spokane and Idaho students. You can reach out to her directly at [tlbrown@uw.edu](mailto:tlbrown@uw.edu). Linh Ngo presented to Spokane MS1s in Fall 2019, and this included walking students through the AAMC Careers in Medicine 4 year career planning program, as well as career exploration resources and how to make an appointment with a career advisor (see booking links below). Let us know if you can't find that slide deck and we can send it out again, no problem. We are also in the process of revamping the career advising website and our goal is to have it up and ready for E20s. (Career Advising)*

*You can review resources organized by phase here on our website.*

*MS1-MS2 Appointment: <https://meetme.so/SOMCareerAdvising>*

*MS3-MS4 Appointment: <https://meetme.so/MS3-MS4Advising>*

*DROP-IN HOURS, M-Th, 12-1pm: <https://uw-phi.zoom.us/j/761975716>*

## COUNSELING

- How can UWSOM increase its support for Montana, Spokane, and Idaho wellness and counseling? Montana wellness is difficult to meet with (travel to campus and long wait time to make appointments), and counselors need more education regarding challenges medical students face. (Mon1 x2, Mon2) Spokane counselors are difficult to make appointments with due to availability and have given pages of reading vs. talk therapy. (Spo1) Idaho counseling services are difficult to make an appointment with and don't allow for standing biweekly/monthly appointments. This difficulty causes added stress to students (Ida2) Can virtual/online counseling be made available, even apart from COVID times?

*Virtual/online counseling, or what we refer to as Distance Counseling, is available year-round for students in their clinical years. The Seattle Counseling staff can offer these appointments to students in all WWAMI states with the exception of Alaska (due to licensure complexities). Please reach out if you have additional questions. (Joanne Estacio-Deckard)*

- Please explain the policy around the limit of 6 counseling sessions. (Spo1)
- Please ensure wellness events do not conflict with MS1 classes. (Spo1)

## ACADEMIC SUPPORT

- Would appreciate individual specialized plans for study strategies; some study plans feel “cookie cutter”. Suggest Dr. Tyler survey the student tutors to gain a broader understanding of different study methods and new resources that students find helpful. (Mon1, Sea2)

*Thank you for this great feedback. It is difficult to strike a balance between individualized advice and general advice with such a large cohort of students in Seattle. Last year in order to be able to meet with every student I made and kept track of all student calendars for Step 1 & 2 as students prepared but what I missed out on was the subtle nuances each person brings to their daily planning. This year I am pioneering with the help of zoom to create adjustments to students' personal calendars, this way it takes out the guesswork of students having to track two calendars-- and the one I made was probably the cookie cutter one! I will still provide an instruction template to students to use as a reference. This is to be balanced with students wanting advice on what others have done to be successful, and I think this is a great idea. We do survey the students after they take Step 1 to ask what resources they found most helpful, but additionally we could try asking students to send samples of their own personal study calendar that students can feel free to peruse. This resource won't be available until next year, however.*

*For anyone interested in talking with me about an individualized plan for study please feel free to make an appointment with me, if you are a Seattle student, or with one of the regional learning specialists at your site (list here) (Dr. Tyler)*

- Could a weekly STEP review/prep session be instituted to help keep students in the mindset? (Ala1)  
*Great suggestion! In years past students enjoyed a review session led by two outstanding MS4's (now resident physicians) called "First Aid Book Club" This is something we are working on providing with tutors this year via zoom, the sessions will be once every two weeks at most since our tutors will be on clerkship rotations. (Dr. Tyler)*
- I routinely hear things about the Wyoming academic advisors that make me think they have it figured out far better than folks in Washington - if other states can learn from the Wyoming folks, I think everyone would benefit. (Spo4)  
*Thanks so much for this feedback! Dr. Haas and Rachel LeBeau are excellent resources for the Wyoming students. Luckily all learning specialists meet and collaborate at least once a month, with more meetings planned over the summer. I will ask Dr. Haas and Rachel LeBeau to share with us some of their tips as tricks for advising students so this can be replicated across the region as best as possible. If the person who made this comment could please email me about what it is in particular they wished we could do or be made available across the region I would be happy to see if it would be possible/feasible. (Dr. Tyler)*

## FINANCIAL AID

- It's often difficult to get questions answered and requires many emails/phone calls. In addition, it seems like there is confusion regarding the UW quarter system and how things will impact students in the WWAMI region who fall on a semester-based schedule. Overall things are not clearly presented/posted online where we can access them. For example, students were unaware that for the III experience we were required to pay ~\$960 per credit. The lack of transparency is frustrating, especially when we are told to be cautious with our money/loans/etc. (Ida1)

## GENERAL

- Could UWSOM provide an outline of the program and attendance/time requirements for each Block and quarter (e.g. which Blocks have small groups)? This would help students who commute or have families to plan ahead. (Sea1)
- AOA specialty videos have been great! (Ida1)
- I think that the school has done a great job to think about creative ways to support students, especially during the COVID-19 epidemic. (Sea1)
- I feel like this school isn't very supportive of students who need accommodations and have particular needs that will help them succeed, especially if they have conditions that put them at a disadvantage. There's a lot of discouragement towards seeking help and we are given a link or an email address that's outdated in order to evaluate our needs. Also, I felt left behind and was put on hold a lot or forgotten about altogether until I had to remind staff that I needed help. The lack of communication while

preparing for step 1 and seeking out help has been stress-inducing and unnecessary. Before coming into medical school, a prior graduate told me that UWSOM isn't really supportive of students with accommodation needs and I doubted that until I underwent the process here, and they were right. It's disappointing, discouraging and we expect more support and advocacy, especially from the deans. How does UWSOM plan to make seeking support for accommodations for available? (Sea2)

## POLICIES

### ATTENDANCE

- According to UW policy (<https://depts.washington.edu/grading/conduct/grading.html>), if a course assigns attendance a grade, the course objectives must include objectives that cannot be achieved without attendance. Blood and Cancer, Invaders and Defenders, and Lifecycles assign points to grades without including objectives apart from knowledge gained. Please address this discrepancy or explain the policy. (Sea1)  
*Work is being done to correct this discrepancy. We hope to have a new policy approved prior to the beginning of the 2020-2021 academic year. (Dr. Allen)*
- Mandatory class meetings scheduled with short notice place a large burden on students. Could these meetings be made non-mandatory and be recorded? (Sea1)  
*The class meetings held during Spring quarter were not mandatory meetings. They were held to keep students informed of rapid changes that were happening. We are sorry if the communication was not clear that these were not required meetings. (Dr. Allen)*
- Requiring live attendance at the transition to clerkship classes burdens Alaska students that must travel to Seattle, especially when travel to clerkship sites needs to happen during required classes. How will consideration for travel requirements be addressed in the future for non-Seattle students? Is it possible to have asynchronous teaching of this class? (Ala2 x2)  
*Thank you for this feedback. As we work on the transition to clerkship week for 2021, we will take this into account. (Dr. Allen)*

### HEALTH INSURANCE

- I have a chronic health condition for which I'll need to seek care outside of an emergency setting and am worried that this is not covered by Medicaid. It would be great if faculty could clarify what they're doing to alleviate this problem at the next relevant M1 class meeting. Thus far, it seems that faculty are fine with the current situation. At our last class meeting regarding clerkships (hosted by Dr. Geoff Jones), we were told that if we needed care out of state, to "just take care of your health and worry about the finances later" and also that "we should look at this as a learning experience, as difficulty accessing care is something our patients face every day." We were also told that telehealth through the UW would be a good option when we're out of state. Not one of these responses felt appropriate to me; we shouldn't be "learning" by putting our own health at risk (causing us to further miss class due to illness, etc). (Spo1)
- Several partner schools in WWAMI (Alaska, Idaho, Wyoming, Montana) provide (and sometimes require) health insurance to their students (and even spouses/dependents). Additionally, not all Washington students are eligible for the Washington Health Benefit Exchange (e.g. DACA students/families, people going through immigration processes, green card holders). Part of UWSOM's mission and values is to support a diverse student population, but not providing access to insurance for its students goes against this value. Can you provide an update on access to healthcare insurance for Washington students and address this inequity? (Sea1)  
*The University of Washington had a Student Health Insurance Program (SHIP) prior to the ACA being enacted. UW canceled SHIP because of low enrollment after Apple Care (Washington Medicaid) became an option. Dr. Allen has had two conversations with Margaret Shepherd, President Cauce's Chief of Staff to try to get University of Washington to offer student health insurance. Ms. Shepherd, at this time, is working to find a student health insurance program that will be a reasonable expense and provide similar or more benefits to Washington Medicaid. (Dr. Allen)*



## OTHER

- Would love to see more institutional pushback against Step 2CS from UWSOM administration, especially during a time when ending it would be both logical and reasonable. As students, we have no realistic bargaining power in this situation--the only way that the NBME will ever end Step 2CS is if medical school administrations band together and collectively demand an end to this unfair exam. UW would be well-poised to take the lead on this effort. (Spo3)
- Having multi sites is challenging but with changing requirements and no schedule, it is very difficult for expanded students. Would it be possible to institute a regular preexisting schedule or at a uniform portal for students to see what requirements are due when? (Sea4)
- There is an argument against the pass/fail grading system. Some students may want multiple grades and data points in order to “prove themselves.” We are entering into a high-pressure profession, and the ability to perform under high-pressure should be a requirement. (Ida4)
- Please support the development of the Humanities and the Arts Pathway, and especially Dr. Kalus, with funding and resources. Is there an update on the status of this pathway? (Sea4)
- As we learned in EHM, lack of transparency leads to an anxious environment where people feel frustrated and paralyzed. This is the atmosphere of UWSOM as it pertains to communications with the administration about our issues and concerns. (Sea2)
- The same expectations of professionalism and understanding needs to exist for students and staff alike. Students receive emails from various administrators with harsh tones and statements along the lines of “you are irresponsible/unprofessional if you miss this deadline.” Staff make mistakes, and students make mistakes--we are all human and this needs to be understood. For example, there was a recent curt email from Financial Aid that stated they were “very busy” in response to tasks that were not completed on time and included mistakes. An apology and acknowledgement that their delay or mistake may have caused harm would be appreciated. Additionally, emails from compliance have stated students are out of compliance on multiple occasions, when there was just a mistake on the administration’s part. This causes unnecessary stress and is preventable. What steps are being taken to improve the process of categorizing students for compliance requirements? (Sea MD/PhD)
- Can UWSOM create a separate “database” or mode of communication that students can opt out of to replace emails to student listservs for housing and furniture sales? (Mon3)

*MSA is working to provide a better mode of communication for these types of messages, whether that be an additional opt-in listserv or a third-party platform. Stay tuned. (MSA)*

## SITE-SPECIFIC

### SEATTLE

#### General

- I wish we had more interaction with the other sites/collaboration (Sea1)
- I wish there was a structure to have more involvement with interest groups past MS1 year (Sea1)
- Thank you for giving me this safe space to express my thoughts, feelings, frustrations and hopes for this school. (Sea2)

#### Facilities

- There is a need for more dedicated study and lounge space for Seattle students, outside of the limited space in the crowded Health Sciences Library. Ideally the space would be dedicated to graduate health services programs. Additionally, the anatomy lab is cramped and not well ventilated. Can you provide an update on the status of the new Seattle Medical School building? (Sea1 x3, Sea2)

*Groundbreaking occurred the beginning of June with a planned completion in two years. (Dr. Allen)*

- Is there a place on campus apart from the Health Sciences Library (where rooms are frequently unavailable) for students to hold private calls, meetings, and attend online electives? (Sea1)

*Students have access to all library facilities on campus that also have individual rooms. It is still unclear what will be available for students to access in health sciences and across campus during summer and autumn quarters. (Dr. Allen)*

- Is it possible to renovate (i.e. better lighting and desks) the student room across from the meditation room/next to the lecture hall? (Sea2)  
*Thank you for the suggestion. We will see what may be possible. (Dr. Allen)*

### Appreciation

- I am thankful for my mentor **Alson Burke** and how attentive and responsive she is. When I have a random thought or a personal concern, she takes the time to respond and is a wonderful mentor. (Sea1)
- **Dr. Margaret Isaac** is one of the most caring preceptors I have ever worked with. Not only is she a great teacher, but she also treats her trainees with the utmost respect. I'm grateful for her presence at UW. (Spo3)
- **Dr. Molly Jackson, Dr. Karen McDonough and Dr. Margaret Isaac** for being incredible forces of good, working firmly on behalf of students and the profession, and providing hopeful models of how to be a human person as a physician, and to hold power in complicated systems. (Sea MD/PhD)
- I super appreciate **Dr. Jackson** for how much she's willing to connect with students and provide mentorship that feels like it's genuine rather than just a job requirement. (Sea1)
- **Molly Jackson** is a beacon of support and positivity and I appreciate her constant consideration and humanity. (Sea1)
- I have loved working with **Molly Jackson and Alex Molnar**! They are both superstars! (Sea1)
- Thanks to **Drs. Kost and Segerson** for putting together the pandemics course on such short notice! (Spo3)
- Always, many thanks to **Cat and Kurt** for guiding us through HFF --I miss them so much with things being virtual! Kudos to everyone who has worked to transition our foundations curriculum to virtual. It must be rather thankless if you're not a block lead, but we couldn't have done it without you :) (Sea1)
- I have really enjoyed almost every individual professor, whether they are teaching lectures or small group. I think that UW does a great job selecting faculty that are interested in teaching, respectful of students, and willing to learn/change teaching style when needed. (Sea1)

## SPOKANE

### General

- I have had difficulty approaching our Dean, Dr. Sayres, with any questions or concerns. His responses have been quite brusque. Many students have noticed that most of his communication comes through the class president. I would much prefer direct, transparent communication. (Spo1)  
*If my response to an inquiry has been brusque, please interpret the tone as in the interest of clarity. I try very hard to be accessible and transparent in my communication. If issues appear to affect the class as a whole, I prefer to work through the MSA structure. Our success here depends on excellent communication and teamwork. I'm sorry to hear that I may not be achieving this. (Dr. Sayres)*

### Appreciation

- Excellent foundations phase and clinical clerkships (Spo4)
- THANK YOU TO EVERYONE WHO MAKES UWSOM SPOKANE RUN. YOU ARE THE BEST. (Spo2)
- Do whatever you need to do to keep **Dr. G** around (Spo1)
- **Dr. Stephens** did a phenomenal job with E&H and put so much time into our learning. **Dr. G and Dr. Silha** were thorough and helpful during our MSK learning as well. Spokane teachers rock! (Spo1)
- **Dr. Stephens** is phenomenal! I wish he led every block! (Spo1)
- Spokane is amazing and I am grateful every day to be among my peers. I think all in all this is an awesome site and I appreciate everything the administrative team, mentors, and faculty do for us. (Spo1)
- All the faculty in Spokane have been great during this COVID situation. They have gone above and beyond what anyone could have asked of them and have really turned this horrible situation into something truly remarkable. I'd especially like to thank **Drs. Chestnut, Stephens, Gallaher, and Silha**, and so many of the other faculty that lead small groups. (Spo1)
- Every single member of the UWSOM Spokane faculty and administrative teams are top shelf. A couple of specifics- it is clear that our dean, **Dr. Sayres**, cares about each student individually. **Dr. Stephens, Dr. Measor, Dr. Gill, and Dr. Gallaher** are the best block leads of all time. **Dr. Chestnut** would go to war for me, I'm certain. Our college mentors are excellent teachers, especially **Dr. Clauser, Dr. Hauxwell, and Dr. Pounds** (but really truly all of them.) I began school in August of 2018, and the last



~21 months have been my favorite in life so far. Thanks for the perfect learning environment - appropriately challenging but supportive. (Spo2)

- I appreciate the Spokane faculty for being so generous with their time and supporting our education. They truly go above and beyond and help make our educational environments amazing. (Spo1)
- I feel extremely supported by the UWSOM-Spokane faculty and administration. I have also greatly appreciated the Gonzaga University **Counseling Services**. (Spo1)
- **Dr. Geoff Jones** has been incredibly supportive to me through a few rough patches that I've had. Do everything you can to keep him forever. (Spo3)
- In general super impressed with the faculty in Spokane (and those in Seattle I may not have as much direct contact with) for transitioning us online so readily and remaining available through live sessions, etc. to make sure we're learning what we need to learn. Special shout outs to **Dr. Stephens, Dr. Silha, and Dr. Gallaheer** - they've been incredible. (Spo1)

*Thank you so much for the appreciative comments! I'll forward to staff and faculty. We have all been working so hard to make the best of these unprecedented circumstances. I will add that much of any successes we have achieved are through your hard work, innovation, teamwork and mutual support. We couldn't be more thankful in return. (Dr. Sayres)*

## WYOMING

### General

- Would love to have a class meeting to talk about how COVID is affecting us and what our steps are moving forward. I'm sad it hasn't been addressed at all, I think it would've been helpful to hear from our faculty and administrators. (Wyo1)  
*Thanks for this point. We had a class meeting on June 4th. We would love to have been able to have a meeting sooner, but we had been awaiting university policies on COVID risk mitigation. Hopefully the meeting was helpful in clarifying things for the Fall (Tim Robinson, Foundations Dean - Wyoming)*

### Appreciation

- Individual leadership peoples in Wyoming are incredible. From **Dr. Robinson and Marivern, to Dr. Doherty and Dr.Haeberle/Dr. Carlson**, you have assembled a great team. (Wyo1)

## ALASKA

### General

- With classes moving online, students have felt more work-life balance. Online classes have also proven to be feasible and preferred to mandatory in-person lectures. What is the rationale or policy behind mandatory in-person lectures for Alaska students? (Ala1 x2)  
*The rationale behind the mandatory in-person lectures has been based on the small class size which has allowed for more interactive teaching even in the "large group" lecture format. Additionally, lectures have at time run shorter than the scheduled time frame, small groups are required and making the rest of the class wait for those who choose not to come to lecture was not felt reasonable. (Dr. Young)*

### Appreciation

- The Alaska staff have been incredibly helpful (especially during the switch to online) and have really supported all of the students in every way possible. We had faculty offer to drop off face masks, food, and anything else we needed during this time; it was really amazing to see how much they care. (Ala1)
- Thanks for being great and caring about us so much. (Ala1)
- Faculty and staff in Alaska have been very supportive of students and consider feedback and student concerns when developing curriculum, schedules, and policies. (Ala2)

## MONTANA

### Facilities

- Montana does not have universal WiFi coverage, expecting students to work from home without access to the WWAMI space is impossible. (Mon1)  
*This concern was raised with the regional leadership, and I believe the WWAMI space was made available for those that were particularly affected by lack of Wi-Fi coverage (MT MSA)*
- MT space is awesome! Wish there was more available study space (Mon1)
- There is no space dedicated for students to study with COVID. The entire building has been taken over by other departments and MSU campus is inaccessible. Is there a facility for students that can be provided? (Mon1)  
*See answer to above comment -- if we continue to be online come fall, the hope is that the WWAMI space will be available for students to study in! (MT MSA)*

### Appreciation

- Montana is a wonderful site with many supportive faculty and preceptors. (Mon2)
- Greatly appreciate all the work that the entire MT WWAMI faculty has put into making this difficult transition to online as smooth as possible. Each one of our instructors has gone above and beyond to accommodate our learning and facilitate our understanding. Thank you! (Mon1)
- I just want to say thank you to all of the Montana teachers for trying to make the last few weeks of online learning as easy and enjoyable as possible. You are all so great! (Mon1)
- I have no complaints or concerns at all for Montana! Things are going fairly smoothly considering the situation we are in right now. (Mon1)
- Our Montana block leads are very attuned to our needs and very good at providing extra resources and office hours. (Mon1)
- **Dr. Cusick** at the Montana campus has gone above and beyond this last block to help us learn online. I really appreciate the effort and dedication she puts into all of us students. (Mon1)
- **DR. CUSICK**--- she has been extraordinary trying to make online anatomy as good as it can be (Mon1)
- **Drs. Jutila, Meisner, Groggel, and Cusick** all stick out as going out of their way to make sure students are getting the resources they need. (Mon1)
- Montana faculty—go above and beyond to make the learning environment positive. **Dr. Jutila** especially, with the big transition to online learning with Covid, really makes students feel heard and cared for! (Mon1)
  - *Thanks to everyone for their kind words for our faculty, we'll make sure they see them and know how much they are appreciated! (MT MSA)*

## IDAHO

### General

- In the last WHY Dr. Fuerst stated "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 were told no spouses/children/other family were allowed to attend. Please clarify and address this. (Ida2)

### Appreciation

- I want to acknowledge the hard work of our whole Idaho anatomy team, **Drs. Mallatt, Pfeiffer, and Sanchez**, and especially **Josh Johnson**. Their pivot time has been incredible, and they have been patient and accommodating to all learners involved. (Ida1)
- My understanding is the facilities and space in Moscow are brand new and that they are fantastic. (Ida4)
- Idaho WWAMI staff and faculty have been amazing and accommodating and very supportive throughout the pandemic. I have had multiple personal emails to check in on me and I feel I can go to multiple people for my needs and help. (Ida1)
- **Dr. Fuerst** is always accommodating and quite approachable to voice any concerns with. (Ida1)
- **Dr. Pfeiffer** is fantastic! (Ida1)
- **Dr. Pfeiffer** was fantastic in anatomy. (Ida4)
- **Dr. Pfeiffer** is a phenomenal anatomy professor in Moscow. (Ida4)
- **Dr. Freeman** is very helpful. She does a great job with checking in with people to see how they're doing. (Ida1)
- I hope **Dr. Hodges** never retires. (Ida1)
- **Dr. Hodges** was fantastic in general, especially good at pathology. (Ida4)

# APPRECIATION AND ACKNOWLEDGMENTS

## COVID-19 RESPONSE

- All of our professors have been incredible, and I love that we have had many three-day weekends, this is so amazing! I have really liked the transition online post COVID. I think it's super nice to be able to watch pre-recorded mini-lectures and not have to attend the in-person lectures. I find it less distracting, and I can pause to take notes which is great. (Mon1)
- Appreciation for everyone who has helped make transition to online learning smooth. (Sea1)
- Huge appreciation for the entire faculty with the COVID changes. I feel like my learning has not suffered at all because of the steps they took. Also, I really appreciate the ways the Alaska team has worked with the students and listened to feedback with all the changes. (Ala1)
- I appreciate everyone's hard work to keep my education moving forward during the Covid-19 pandemic. (Ala3)
- I have enjoyed the online learning, despite the unfortunate circumstances. I have family at home with compromised immune systems and have appreciated UW's approach to online learning and emphasis on student safety. I have found myself to be more focused, and better with time-management. Thank you, I know the transition has not been easy. (Mon1)
- The SOM has done a great job of taking care of everyone and making adjustments during the pandemic. (Ida4)
- The transition to the online curriculum was relatively seamless and I am very appreciative of all the hard work the faculty has put in in order to accomplish this. (Ida1)
- Overall, I was super impressed with the way UW has handled the COVID19 outbreak - thanks for doing such a good job supporting students! (Spo1)
- Thank you for all that you've done to reschedule us during this pandemic. I can only imagine how much work that must have required from everyone in the administration. (Sea2)
- Amazing job transitioning everything online so quickly. We didn't miss a beat. (Ala1)
- I appreciated the support we got from our MT teachers and mentors in the transition to online learning. **Dr. Jutila** was especially understanding and willing to do whatever she could to help us. The videos that have been coming from Seattle have also been great and I appreciate the time that went into making them. (Mon1)
- Thanks to **curriculum and scheduling staff** for dealing with the uncertainties and continuous changes to ensure we are still on track to graduate on time (Ala2)

## 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 CCSR 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)
- **Counseling services** have stepped up to provide amazing support during the pandemic, as had the service-learning department in helping students mobilize their project ideas! (Sea2)
- Guided meditations are great for de-stressing no matter where I am. Thank you **Cliff Kelly!** (Spo4)
- I appreciate the **UWSOM counseling services**, particularly their availability online. (Sea1)
- Love that opportunities for counseling are pointed out frequently and not stigmatized, I feel good knowing the school has our backs in that way. (Spo1)
- The **counselors** are incredible. Super supportive and helpful (Sea2)
- Love how much the **counselors** are there for us during this time with individual counseling, meditation, etc. (Sea4)
- Great student support. **Counseling** options are always available. (Ida4)
- **UWSOM counseling** availability (especially via zoom) (Spo2)
- 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 Ngho**). 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)
- Been a skeptic based on some of the emails we get, but really impressed with the grace of counseling services, especially **Sheri Davis**. Also very much appreciate the counseling drop-in hours--a rare example of something that works better on Zoom than in person. Feel lucky to have counselors so available, free and outside of the healthcare system, when so many don't. (Sea MD/PhD)
- I appreciate that the **financial aid offices** of both the upper campus and the SOM are very on top of their things and find ways to support us financially and have our best interest. (Sea1)
- **Learning environment staff and career advising staff** have been very responsive and supportive. (Spo4)

## 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)