

UNIVERSITY *of* WASHINGTON

School of Medicine & The Board of the Medical Student Association

# WE HEARD YOU #9 WINTER 2021

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# Executive Summary

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Thank you to all students who took the time to submit their comments, questions, and concerns via the We Heard You (WHY) survey. Each submission was read by members of the Board of the Medical Student Association (MSA Board). We identified common themes, which were then brought to the attention of Deans and faculty during the quarterly Deans & Friends meeting held on March 10<sup>th</sup>, 2021. All anonymous comments were then shared **in full** and **uncensored** with the administration following this meeting. This quarter we decided to pilot a new approach to communicating the administration's responses to student feedback – two town halls were held where the administration responded to questions/feedback received via the WHY and students could ask follow-up questions in real time. The meeting notes of both town halls were then synthesized into the following shortened Q&A format. As the WHY continues to grow and evolve, we encourage students to share their feedback regarding the current iteration of the document (and this quarter's town halls) to [msaboard@uw.edu](mailto:msaboard@uw.edu).

The goal of the WHY survey is to collect honest and anonymous feedback about what is going well and the areas of improvement. The Winter 2021 WHY, Deans & Friends meeting, and town halls identified a number of concerns about ongoing policies surrounding COVID-19, access to health insurance across the region, and mechanisms of student to student conflict resolution.

## A Note on the MSA Restructure

Many MSA specific comments surrounded ambiguity of the new Board structure and how it came about. The idea of the Board was borne out of need for continuity and institutional memory across years and a better platform for communication/collaboration across all sites. The new structure was discussed beginning in March 2020, and all existing MSA officers had the opportunity to provide feedback on what this structure would look like via Zoom meetings, email notifications, and ultimately voted on whether or not to adopt the new structure. This vote passed by majority of all MSA members and the newly formed Board, consisting of MSA Presidents from all sites and all years, selected a Preclinical and Clinical Chair to serve a 1-year term in an administrative capacity. The functioning of the local MSA has remained largely the same since this change, with autonomy over cohort-specific projects, activism, and initiatives remaining intact; rather the Board serves as a coordinating body for region-wide projects that were traditionally left solely to the Seattle MS1 MSA. Please feel free to reach out with additional questions regarding the restructure to the current Charis Lily Jeong ([jeong9@uw.edu](mailto:jeong9@uw.edu)) and Parker Blekken ([pblek@uw.edu](mailto:pblek@uw.edu)). New Board Chairs for the 2021-2022 academic year will be elected in late April/early May 2021.

Thanks again to all for their responses and commitment to bettering UWSOM as a whole.  
Stay safe, stay healthy, and stay engaged.

-Your 2020-2021 MSA Board

**Lily Jeong**  
Clinical Chair  
E17 Seattle President

**Parker Blekken**  
Preclinical Chair  
E19 Montana President

**Gifti Abbo**  
E17 Spokane President

**Thamanna Nishath**  
E18 Seattle President

**Emily Cox**  
E19 Seattle President

**Albert Ng**  
E20 Seattle President

**Heidi Hanekamp**  
E17 Wyoming President

**Taylor Bozich**  
E18 Spokane President

**Virkamal Dhaliwal**  
E19 Spokane President

**Allegra VanderWilde**  
E20 Spokane President

**Jill Carlile**  
E17 Alaska President

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E18 Wyoming  
President

**Caleb Hardt**  
E19 Wyoming President

**Blake Hopkin**  
E20 Wyoming President

**Adam Whiteley**  
E17 Montana President

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Grabman**  
E18 Alaska President

**Hope Spargo**  
E19 Alaska President

**Cory Johannsen**  
E20 Alaska President

**Taylor Wilkinson**  
E17 Idaho President

**Quin Stevens**  
E18 Montana President

**Devin Gaskins**  
E19 Idaho President

**Hans Munzing**  
E20 Montana President

**Olivia Do**  
E18 Idaho President

**Sophia DeKlotz**  
E20 Idaho President

# Clinical Town Hall Summary

## Link to recording:

<https://mediasite.hs.washington.edu/Mediasite/Play/c7f191096358470db8cd5e0950607b651d>

\*Indicates topic addressed at both Clinical and Preclinical Town Halls

**Q\*:** Are there plans to assess if the University of Washington's Disability Resources for Students (DRS) is meeting SOM student needs?

Addressed by: Sarah Wood ([sewood@uw.edu](mailto:sewood@uw.edu)), Associate Director of Student Affairs

- No formal mechanism of SOM assessing the upper campus DRS of yet.
- If there are concerns regarding services, contact DRS. If not satisfied with the implementation of the services, please contact Sarah Wood or Meghan Matthews ([meghanm7@uw.edu](mailto:meghanm7@uw.edu)). They can also serve as liaisons to upper campus in order to further address this.

**Q\*:** There was a recent petition on providing more support for students with dependents in scheduling clinical rotations.

Addressed by: Dr. Maya Sardesai ([sardesai@uw.edu](mailto:sardesai@uw.edu)), Assistant Dean for Student Development

- Working on forming a working group to review the policy including many stakeholders including students
- Please contact Dr. Sardesai or student affairs if interested in joining the working group

**Q:** It is disappointing that UWSOM does not provide health insurance, and it can be difficult to get care especially when I am out of state for clinical rotations.

Addressed by: Dr. Raye Maestas ([maestas@uw.edu](mailto:maestas@uw.edu)), Associate Dean for Student Affairs and Dr. Gerald Tolbert ([gtolbert@uw.edu](mailto:gtolbert@uw.edu)), Assistant Dean for Student Support

- Students are appreciative of increased frequency on reminders for open enrollment
  - Open enrollment is currently ongoing
- Accessing care when crossing state lines for rotations:
  - Your PCP may be able to do telehealth
  - Most insurance cover emergent care across state lines
    - Encourage students to call their insurance to make sure emergent care is covered
    - Contact clinical deans of the region you are in if you need assistance in getting care
  - Possibility of travel insurance:
    - School does not provide this
    - Tend to be expensive
    - Recommend getting a plan that cover students all year around

- Hall health may be able to provide primary care for students, especially for clinical students
  - Currently in the process of figuring out licensing issues across state lines. Process has been slow due to COVID

**Q:** What are the updates on the conversation around changing clerkship grading to pass/fail?

Addressed by: Dr. Mark Whipple ([mwhipple@uw.edu](mailto:mwhipple@uw.edu)), Interim Associate Dean for Curriculum

- UWSOM has been discussing this possibility for a while
- P/F in clerkships is not common in US medical schools
  - Schools who have P/F in clerkships tend to be highly selective private schools. (sidenote: these schools tend to select students with high MCAT scores that correlate with high USMLE scores. These students might not need tiered clerkship grades on their residency application. UW selects students with more diverse attributes than high MCAT scores, so may benefit from having tiered clerkship grades).
  - UCSF has P/F clerkships – UW has been talking to them about their experience
    - Pros: it may provide better education environment
    - Cons: may make students less competitive in residency applications
  - When the pandemic started, students were surveyed. Student votes were 50:50. Curriculum committee also voted 50:50
  - Plan now is to continue to monitor
    - When step 1 goes to P/F, it might provide more information on how to act on this
    - Contact student representative in curriculum committee for questions and feedback

**Q:** Clerkship grading criteria tend to vary among clerkships. Can grading criteria be standardized across specialties?

Addressed by: Dr. Mark Whipple ([mwhipple@uw.edu](mailto:mwhipple@uw.edu)), Interim Associate Dean for Curriculum

- School continues to work on this issue, although this is challenging because of how diverse the clinical environment is
- Recent efforts to standardize:
  - Standardize the evening before exam (i.e. students should not be on call the night before exam)
  - Exam moved to last Friday of the rotation instead of Thursday to give more time to decompress and study
  - Program Evaluation and Assessment Committee (PEAC) is working on standardization of clerkship grading
- Will bring this issue back to the curriculum committee

**Q:** Are there any updates on the clerkship grading disparity study done a few years ago?

Addressed by: Dr. Mark Whipple ([mwhipple@uw.edu](mailto:mwhipple@uw.edu)), Interim Associate Dean for Curriculum

- Overview of the study: clerkship grade disparities correlated with gender and race. Causality is being evaluated currently
  - Original study took place between 2010-2014 based on AOA admissions/clerkship grades, which skewed towards white students and women. Lead author was AOA students, and looked at 6 core required PC clerkships. Findings: disparities, even after controlling for socioeconomic level/clerkship region/maternal education, clerkship exam grades. 1 of 6 clerkships had favor for white students for URiM minority students.
  - Study Pubmed ID: 31032666
- Thoughts on the reason for the disparity:
  - Could it be a bias in evaluators?
    - Action taken: Implicit bias training was implemented
    - Action taken: Clerkships evaluating rubric for determination of final/clinical grade, particularly exam scores
  - Could there be differences in clerkship sites?
    - Currently there is only data on regions not specific sites
    - May consider looking at community sites vs academic sites
    - Ensuring well-defined performance measures to decrease variability among sites and evaluators
  - Given that AOA selection is based on these same clerkship grades and by default benefits current AOA members, how can this be addressed?
    - AOA as a group was the first that initially identified these disparities and wanted to examine them. Acknowledging this gap, students can email/contact to provide input and further perspective as students that may be impacted by this disproportionate grading
  - Follow up study is in plan
    - AOA looking for a student contributor
      - Please contact AOA at [uwaoa@uw.edu](mailto:uwaoa@uw.edu) for further questions or if you're interested in getting involved
- There are currently no data points that can be gathered to look at grade disparities for students who identify as LGBTQIA+
- Contact for further information: Ashley Russel, Matt Cunningham, Leo Morales

**Q:** What should I do if housing is inadequate at a clerkship site (i.e. internet not working, was not properly cleaned, etc)?

Addressed by: Dr. Suzanne Allen ([suzaalle@uw.edu](mailto:suzaalle@uw.edu)), Vice Dean for Academic, Rural and Regional Affairs

- Housing is managed by individual clerkship site
  - If there are issues, contact the site coordinator
  - Some sites are managed by clinical dean office – may need to contact the regional office
  - Tacoma: Transitioning into Seattle office overseeing housing rather than Multicare overseeing it

- If you have exhausted all options on contacting people for housing, contact Dr. Allen

**Q:** Can we get free parking at HMC and UWMC for clerkship students?

Addressed by: Dr. Suzanne Allen ([suzaalle@uw.edu](mailto:suzaalle@uw.edu)), Vice Dean for Academic, Rural and Regional Affairs

- Unfortunately, no chance for students getting free parking at HMC and UWMC
- SOM has tried to advocate for this, but parking is largely for patients. Employees also pay for parking

**Q:** What resources are there for peer-to-peer conflict resolution?

Addressed by Dr. Molly Jackson ([blackley@uw.edu](mailto:blackley@uw.edu)), Assistant Dean for the Colleges

- Students have raised this question and hope to improve. Expectations that there will be conflict in medical school, hope is to communicate across identities and perspectives. Recognize that many conflicts can be navigated through naming elements of power/privilege in a conflict, and connecting personally with the person that there is a conflict with and sharing perspective common ground. Practice listening to others first before sharing your own perspective in a compassionate, open way. Not about fixing someone else, but establishing understanding.
- Regarding inappropriate, degrading comments – UW ombudsman ([ombuds@uw.edu](mailto:ombuds@uw.edu)) is a great resource for these situations and remains completely separate from the SOM. A trusted mentor, colleague, or staff member may also be a good resource.
- New Physicianhood Council is hoping to enact some proactive methods of addressing this topic and ample opportunity to be involved, please contact Molly Jackson if interested
- Resources:
  - UW Ombudsman ([ombuds@uw.edu](mailto:ombuds@uw.edu)): confidential and neutral resource
  - Trusted colleagues or college mentors
  - New student-run physicianhood council will strive to provide tools for moments on conflict

**Q:** What resources are there for connecting with students while in WWAMI for clinical rotations?

Addressed by: Sarah Wood and Dr. Maestas

- Locations can't be shared due to FERPA
- Multiple trials by students before:
  - Many failed due to necessity for students to maintain it, and it often is not sustainable
  - Contact Gold Humanism Honor Society, Sarah Wood, or Brenda Martinez for any interest or questions



- Demographics & Leisure Opportunities by clerkship city as well as Community Resources by clerkship city put together by the Learning Environment Committee:  
<https://blogs.uw.edu/esom/learning-environment/learning-environment-resources/>

## Preclinical Town Hall Summary

### Link to recording:

<https://mediasite.hs.washington.edu/Mediasite/Play/521906b885324a18b10b14ff1c2ee61c1d>

**Q:** What is an update regarding health insurance options for students, especially when traveling around the region?

- Keep reminder emails and info sessions, we will continue to share information about insurance options, enrollment time periods in the fall at class meetings.
- Issue about accessing acute care, can be accessed through your PCP, school clinic, ED
  - If ED, call your insurance as soon as you can
- Open enrollment through Biden administration has been extended to May 15<sup>th</sup>
- Access to EM care can be done through PCP, ED, or UW school care providers (just make sure to contact insurance provider shortly after use)
- Telehealth – huge expansion, especially due to COVID. May be offered through existing plans now, even if it wasn't before.
- For Seattle students, make sure insurance plan you sign up for is accepted at Hall Health. For those in the region, check into site specific care plans already provided/required.
- Recap: Open enrollment special period running through May 15<sup>th</sup>; beneficial for students considering switching plans this coming fall; consider traveling when choosing plans.

Contact: Gerald Tolbert

**Q:** Why are students not updated about processes involving formal complaints lodged against other students?

- Students are disappointed that they're not seeing action by the school – FERPA restrictions vs transparency – when students lodge a formal concern, it means it's serious. That said, FERPA prevents the sharing of the disciplinary action against that student. Formal or informal hearings are conducted with those students. Formal process is outlined on the Intranet/UWSOM handbook section.
- Update of student mistreatment policy: Reduction in satisfaction about mistreatment policy; Student Affairs, IROC, Dr Maestas, and MSA have been evaluating how to actively change the wording the policy and the subsequent policies regarding. Please reach out to MSA for thoughts on this, and more communication will be forthcoming

- What happens to complaints that are lodged against those on the entities responsible for investigating complaints?
  - Essentially leap frogs to that person's boss; they would not know that report would be lodged, and go as high as Dr Ramsey

**Q:** How is the return to in-person activities determined by each site?

- Up to local sites/states and regulations; vaccination does not change ability to be in person. Efforts to maximize in-person
- Seattle and Spokane are essentially tied based on these requirements
- Travel outside of WA still requires out of state quarantine period; however, UW Medicine does not have these same requirements for fully vaccinated individuals
- Vaccines
- Essentially required to follow state-specific regulations
- Inequity about the type of education they're receiving compared to other classmates
  - Sense that Spokane has to follow Seattle, because Seattle is the admin hub when really it's because we're both in WA and following WA policy Dept. of Health, changing