

Patient Care Committee Minutes

Date	November 8, 2021
Time	4:00 – 5:30PM
Patient Care Co-Chairs	<i>Mark Whipple, Kristine Calhoun</i>
Attendees	Academic Chair: <i>Kristine Calhoun</i>
<input checked="" type="checkbox"/> QUORUM REACHED: 10	Voting Members: <i>Abena Knight, Devin Sawyer, John McCarthy, Jordan Schroeder, MaKenna Stavins, Matt Cunningham, Mike Spinelli, Paul Borghesani, Toby Keys, Wesley Steeb</i>
	Guests: <i>Esther Chung, Michael Campion, Edith Wang, Scott Bailey, Alexis Rush, Barb Doty, Sarah Wood, Eric Kraus, Erin Gunsul, Frank Batcha, Gerald Tolbert, Gina Franco, Joshua Jauregui, Julie Bould, Kelley Goetz, Kellie Engle, Kristen Seiler, Leo Morales, Margie Trenary, Phaedra Allen, Sara Kim, Doug Schaad, Signe Burchim, Sylvia Zavatchen, Tara Gates, Doug Paauw</i>
Regrets	Voting members: <i>Leslee Kane, Paula Silha, Serena Brewer</i>

Agenda

	ITEM	LEAD	TIME	ATTACHMENTS	ACTION
1	Approve October minutes	Kris Calhoun	5 min	Attachment A	Decision
2	New WRITE site approval - Ronan, MT	John McCarthy	10 min	Attachment B	Decision
3	2020-2021 End of Patient Care Phase Report	Matt Cunningham	25 min	Attachment C	Discussion
4	Clerkship Midpoint Feedback	Kris Calhoun	20 min		Discussion

Next meeting: January 24, 2022

1. Approve October minutes		
Discussion: The committee reviewed the October minutes.		
<input checked="" type="checkbox"/> DECISION REQUIRED?	[10] VOTES FOR	[0] VOTES AGAINST
Decision: The Patient Care committee approved the October minutes.		

2. New WRITE site approval - Ronan, MT		
<p>Discussion: The committee reviewed the new clerkship application for a WWAMI Rural Integrated Training Experience (WRITE) site in Ronan, Montana. The WRITE Program is a clinical medical education program developed to help meet the need for rural and/or underserved primary care physicians in the WWAMI region. The success of this unique program is due to the integration of community involvement, continuity of experience, and a proven curriculum. The WRITE Program is designed to give selected third year medical students an appropriate mix of ambulatory and/or hospital experience during the 12-week core curriculum (Family Medicine, Pediatrics, Psychiatry), plus either 4 weeks with either the Pain Medicine elective (16 weeks) or APC/AOC (16 weeks), or 6 weeks OB/GYN (18 weeks), of clinical education experience at a rural or underserved primary care teaching site. Throughout the program, WRITE students develop a practice style while learning how to treat a broad range of medical, surgical, and psychological problems. Learning experiences emphasize the rural or underserved physician’s responsibilities and roles of diagnosing, treating, and managing most health problems on a longitudinal, continuing basis while calling upon all the health care resources available in the community.</p> <p>This new 18-week clerkship offers full spectrum Family Medicine experiences in Ronan and Polson. Additionally, the clerkship offers experiences in Pediatrics, Internal Medicine, General Surgery, and OB/GYN care.</p> <p>See meeting handouts for details.</p>		
<input checked="" type="checkbox"/> DECISION REQUIRED?	[10] VOTES FOR	[0] VOTES AGAINST
Decision: The Patient Care committee approved the new WRITE site in Ronan, Montana.		

3. 2020-2021 End of Patient Care Phase Report		
<p>Discussion: The committee reviewed the results of the 2020-2021 End of Patient Care Phase report. The clinical year covered in this report encompasses several temporary changes that were made to clerkships due to the COVID-19 pandemic. Family Medicine, OB/GYN, Pediatrics, and Psychiatry rotations were all shortened from six to four weeks in length. Surgery maintained a total of six weeks but was split into a four week in-person clinical rotation and a two-week virtual rotation. Internal Medicine was shortened from 12 to eight weeks.</p> <p>Final clerkship grades are composed of a clinical evaluation component (referred to as the “clinical grade”) and the final exam score. Each department has a different method for determining the final grade, resulting in differences in how the final exam score impacts the final grade. This is the first year data on the clinical grade (separate from the final grade) has been made available.</p> <p>Grading and Assessment key takeaways:</p>		

- The number of clerkship final grade fails is a bit higher than the number of clinical grade fails, representing the impact the final exam score has on students' final grades. The 2020-2021 clerkship year was the last year the UWSOM operated under the previous Clerkship Grading Policy, which said if a student fails the final exam, they fail the clerkship.
 - The [Clerkship Grading Policy](#) has since been updated, now students can fail the final exam and still pass the clerkship. The final exam has been made a graduation requirement and students must pass it at a later date.
- In the past four clerkship years, most departments have issued the same number of Honors grades, with only Family Medicine increasing recently.
- For the six Patient Care Phase clerkships, UWSOM students score comparably on the final exam when compared to national averages.
- Underrepresented Minority (URM) and Non-Underrepresented Minority (Non-URM) students received fewer Honors in clinical grades in the six Patient Care Phase clerkships over the past four clerkship years when compared to white students. This difference is also observed in mean exam scores over the past four years.
- The final exam score has a greater negative impact on URM and non-URM students' final grade, with more students receiving a grade tier lower after the exam.
- In the past four clerkship years, students identifying as male received fewer Honors grades than students identifying as female.
- The UWSOM is in a transitional period, four clerkships (Family Medicine, OB/GYN, Pediatrics, and Psychiatry) used the "old" clinical evaluation form in 2020-2021, which features 12 common rating items. This form is largely the basis of the clinical grade. The rating items include: knowledge, data-gathering, clinical reporting, procedural (OB/GYN only), integration, management, patient-centered, communications, relationships, professional, educational, and dependability. Students scored comparably across all four clerkships.
- Two clerkships (Internal Medicine and Surgery) used the "new" clinical evaluation form in 2020-2021, which is more competency-based, and measures students on the following domains: patient care, knowledge for practice, interpersonal and communication skills, practice-based learning, systems-based practices, and interprofessional collaboration). Students scored comparably across both clerkships.

Key takeaways from the Medical Students' Evaluation of Clerkships (Students complete these evaluations at the end of each rotations):

- Students rated all clerkships highly on "Clerkship as a whole" (between 4.8 and 5.5 on a six-point scale).
- Two new questions were added to gather data on how many students were observed doing a physical exam and taking a patient history. These new questions mirror AAMC GQ questions. The percent of students observed was comparable across clerkships. Surgery had slightly lower percentages, likely representing a drive from medical students and residents to get learners into the operating room versus the clinic (particularly during this shortened clinical rotation in 2020-2021).
 - Another consideration: this data represents the student's perception that they were observed. Faculty are likely observing students, but if it's not done in a formal way, students may not be aware.

Patient Care OSCEs

- Virtual OSCE

- OSCEs are scored on a three-point scale (Needs Development, Meets Expectations, and Exceeds Expectations)
- Two stations
 - Station 1: 16% of students received “Needs Development”
 - Station 2: 7% of students received “Needs Development”
- Overall
 - Students with two “Needs Development” are required to remediate
 - Six students (2%) received two “Needs Development”

Patient Care End-of-Phase Survey

- 85% of respondents were satisfied with the overall quality of the Patient Care Phase
- 78% of respondents agreed with the statement “I would recommend the UWSOM to undergraduate premedical students”
- Above 80% of respondents agree with the following statements:
 - The UWSOM educational program promotes professional behavior
 - Students are treated in a professional, respectful manner
 - The faculty are committed to my success
 - The UWSOM provides a supportive culture for learning
- About 45% of respondents agreed with the statement “The UWSOM is a comfortable place for students from underrepresented backgrounds to learn medicine.”
- About 48% agreed with the statement “The UWSOM is a comfortable place for LGBTQ students to learn medicine.”
- About 84% said they were satisfied with the supervision they received in required clerkships
- About 62% said they were satisfied with the mid-clerkship feedback they received
- About 42% said they were satisfied with the fairness of evaluation and performance assessment
- 85% agreed that their clinical skills training in Foundations Phase prepared them well for clerkships
- About 65% agreed that their basic science courses prepared them well for clerkships

The committee provided feedback and asked questions:

- The UWSOM has LCME citations concerning the monitoring of required clinical experiences and how well the Foundations Phase prepares students for clerkships. Both citations have been dropped by the LCME.
- The School and individual clerkships should work to make grading fairer. Peer institutions across the country have addressed grading bias through: blinded OSCEs and never allowing a single preceptor to give a grade. **ACTION:** The committee should discuss what can be done to reduce grading bias.

QUESTION – Why weren’t calculations for significant differences or effect size done for the grading data?

ANSWER – This would require a more nuanced analysis that the team did not have the ability to do at this time. There is an ongoing project to look at and analyze this data in a more rigorous way.

Committee follow-up: It would be beneficial to have this nuanced analysis soon, so departments can adjust their requirements and grading systems before the start of the new clerkship year (beginning in March 2022).

See meeting handouts for details.

4. Clerkship Midpoint Feedback

Discussion: Clerkship directors have been discussing how to differentiate between the mid-clerkship form and the final grading form. **ACTION:** The required clerkships should share their mid-clerkship form and the committee should discuss how to improve the forms. Another option is to create a single, universal mid-clerkship form to increase transparency and improve consistency across clerkships.