

## Patient Care Committee Minutes

<b>Date</b>	January 24, 2022
<b>Time</b>	4:00 – 5:30PM
<b>Patient Care Co-Chairs</b>	<i>Kristine Calhoun</i>
<b>Attendees</b>	<b>Academic Chair:</b> <i>Kristine Calhoun</i>
<input checked="" type="checkbox"/> QUORUM REACHED: 13	<b>Voting Members:</b> <i>Abena Knight, David Horn, Devin Sawyer, Evan Johnson, Jenny Wright, John McCarthy, Jordan Schroeder, MaKenna Stavins, Matt Cunningham, Mike Spinelli, Toby Keys, Wesley Steeb</i> <b>Guests:</b> <i>Frank Batcha, Sara Fear, Eric Kraus, Robin Scott, Erin Gunsul, Vicki Mendiratta, Amanda Kost, Beka Burns, Edith Wang, Karla Kelly, Doug Schaad, Sarah Wood, Nick Cheung, Esther Chung, Julie Bould, Robin Scott, Carmelita Mason Richardson, Gina Franco, Laura Yale, Sara Kim, Max Keyes, Jordan Symons, Alexis Rush, Michael Campion, Joshua Jauregui, Sylvia Zavatchen</i>
<b>Regrets</b>	<b>Voting members:</b> <i>Leslee Kane, Paul Borghesani, Paula Silha, Serena Brewer</i>

## Agenda

	ITEM	LEAD	TIME	ATTACHMENTS	ACTION
1	Approve November minutes	Kris Calhoun	5 min	Attachment A	Decision
2	Welcome new members: <ul style="list-style-type: none"> <li>Jennifer Wright (Required Clerkship Representative, Seattle)</li> <li>Evan Johnson (Faculty-at-large, Seattle)</li> <li>David Horn (Faculty-at-large, Seattle)</li> </ul>	Kris Calhoun	5 min		Announcement
3	Clinical Encounters: Fall Quarter 2021	Erin Gunsul	5 min	Attachment B	Discussion
4	WRITE 2.0 Structure Review	Frank Batcha / Amanda Kost	45 min	Attachment	Discussion
5	Academic Grading Policy: revisions introduction	Kellie Engle / Gina Franco	10 min	Attachment	Discussion

**Next meeting: February 14, 2022**

1. Approve November minutes		
<b>Discussion:</b> The committee reviewed the November minutes.		
<input checked="" type="checkbox"/> DECISION REQUIRED?	[13] VOTES FOR	[0] VOTES AGAINST
<b>Decision:</b> The Patient Care committee approved the November minutes.		

2. Welcome new members
<p><b>Discussion:</b> The governance committees have an annual election process for open seats on the phase committees (Foundations Committee, Patient Care Committee, and Explore &amp; Focus Committee) and for the Curriculum Committee. This includes faculty and student members. Interested individuals are asked to submit a statement of interest for review by one of two nominating committees:</p> <ul style="list-style-type: none"> <li>• A Faculty Nominating Committee - a subcommittee of individuals from the Curriculum Committee (the two chairs and three volunteers).</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• A Student Nominating Committee - including one Foundations or Clinical dean, one Student Affairs dean, and two Medical Student Association (MSA) representatives (one from Seattle and one from the WWAMI region).</li> </ul> <p>The nominating committees recommend candidates to fill the vacancies. These individuals are then reviewed and ratified by the Curriculum Committee.</p> <p>A very warm welcome to the newest voting members of Patient Care Phase Committee:</p> <ul style="list-style-type: none"> <li>• Jennifer Wright (Required Clerkship Representative, Seattle)</li> <li>• Evan Johnson (Faculty-at-large, Seattle)</li> <li>• David Horn (Faculty-at-large, Seattle)</li> </ul> <p>You can view the current membership roster <a href="#">here</a>.</p>

3. Clinical Encounters: Fall Quarter 2021
<p><b>Discussion:</b> The committee reviewed the clinical encounters data for Fall quarter 2021 for the six required Patient Care Phase clerkships. See meeting handouts for details and visit the <a href="#">Clinical Encounters webpage</a> for additional information.</p>

4. WRITE 2.0
<p><b>Discussion:</b> The WRITE program changes were presented at the January 10<sup>th</sup> Curriculum Committee meeting and the committee approved WRITE as an outpatient Longitudinal Integrated Clerkship (LIC) experience structured as a 21 to 24 week clerkship administered by the Department of Family Medicine. Twenty-one to 24 weeks is predicated on whether or not there would be an OB/GYN experience at that location. The WRITE inpatient clerkship experience would be six weeks of Internal Medicine, three weeks of Pediatrics, three weeks of Psychiatry, three weeks of OB/GYN, and six weeks of Surgery, administered independently by respective departments. See the <a href="#">minutes</a> for details.</p> <p>The focus of this presentation is WRITE’s new structure, learning objectives and assessment plans.</p> <p><b>PROGRAM OVERVIEW</b></p> <p>The WWAMI Rural Integrated Training Experience Program (or WRITE) is a Longitudinal Integrated Clerkship (LIC) that offers selected third-year medical students a mix of ambulatory and hospital training through a clinical</p>

education experience at a rural primary care teaching site. Throughout the program, WRITE students develop practice styles while learning how to treat a broad range of medical, surgical, and psychological problems. Emphasis is on the rural physician's roles and responsibilities to diagnose, treat, and manage most health problems on a longitudinal continuing basis while calling upon the health care resources of the community.

WRITE was created to expand primary care and rural training options at the UW; develop additional training experiences in the WWAMI states, including rural Washington; foster the UWSOM's primary care mission, and provide more physicians for rural practice in the Pacific Northwest.

The first WRITE students completed their experiences in 1996 in Hailey and McCall, Idaho. Since that time WRITE has expanded to 40 sites throughout WWAMI and has become an integral part of the Targeted Rural and Underserved Track (TRUST).

WRITE began as a 24-week LIC whereby students received credit for their Family Medicine clerkship and the outpatient portions of the Internal Medicine, Pediatrics, and Psychiatry clerkships. Currently, WRITE is a 16-week experience consisting of 6-week Family Medicine clerkship, 3 weeks each of outpatient Pediatrics and Psychiatry, and a 4-week elective (currently Pain elective for early start WRITE and APC for late start WRITE). Some WRITE sites have a concurrent longitudinal OB/GYN clerkship associated.

**LEARNING OBJECTIVES (mapped to UWSOM Program Level Objectives and Entrustable Professional Activities (EPAs) where appropriate)**

These objectives have been updated from the January 10<sup>th</sup> Curriculum Committee presentation:

1. Obtains a complete medical or behavioral health history for patients across the lifecycle using relevant communication skills. *(PC.02) (EPA 1)*
2. Perform the appropriate physical or mental status examination with patients across the lifecycle. *(PC.02) (EPA 1)*
3. Constructs a differential diagnosis and supports the most likely medical or behavioral diagnosis for patients across the lifecycle. *(PC.05) (EPA 2)*
4. Applies medical knowledge to interpret diagnostic and screening tests. *(PC.04) (EPA 3)*
5. Develops and communicates appropriate medical and behavioral health management plans for patients across the lifecycle. *(PC.06) (EPA 4)*
6. Applies medical and behavioral health knowledge to propose diagnostic and treatment plans across the lifecycle. *(KP.01, KP.05, KP.08, KP.11) (EPA 3)*
7. Produces accurate, complete and organized write-ups for patients across the lifecycle. *(CS.04) (EPA 5)*
8. Presents organized, accurate, and appropriately focused oral case presentations for patients across the lifecycle. *(CS.02) (EPA 6)*
9. Communicates effectively and compassionately with patients, caregivers, and families from a broad range of socioeconomic and cultural backgrounds across the lifecycle to mitigate health inequities. *(CS.01, CS.05, CS.06) (EPA 1, EPA 3)*
10. Demonstrates demeanor that puts patients, families, and members of the health care team at ease. *(PD.07) (EPA 1, EPA 3, EPA 9)*
11. Coordinates patient care within systems that are rural and potentially resource limited. *(SB.01-.02) (EPA 9)*
12. Identifies gaps in knowledge, attitudes, and skills and applies clerkship feedback to improve practice. *(PB.03, PB.05) (EPA 7)*
13. Locate, appraise, and assimilate evidence related to patients' health problems. *(PB.06) (EPA7)*
14. Communicates and works effectively with other health-care professionals as a member of the team. *(IP.03) (EPA 9)*
15. Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the medical and behavioral health care needs of patients across the lifecycle. *(IP.02) (EPA 9)*

16. Demonstrate appropriate professional and ethical behaviors. (PR.01-.06)

The EPAs that will be assessed in WRITE

- EPA 1: history and physical exam
- EPA 2: differential diagnosis
- EPA 3: diagnostic and screening tests
- EPA 4: orders and prescriptions
- EPA 5: documentation
- EPA 6: oral case presentations
- EPA 7: clinical questions
- EPA 9: interprofessional team care

Using competency-based assessment in a letter grade environment

Based on a study out of Minnesota, the WRITE 2.0 team developed a potential grading framework. Ultimately, the advisory board would make entrustment decisions.

- Honors: Meeting entrustment in all WRITE EPAs across contexts of encounter
  - Type of visit: acute, chronic, preventive
  - Type of patient: adult, pediatric, behavioral health, reproductive health
  - Setting: outpatient, inpatient, nursing facility, etc.
- High Pass: Meeting entrustment in all WRITE EPAs across one content (type of visit, patient, setting)
- Pass: Meeting entrustment in all WRITE EPAs

Instructional Strategies (mapped to MedBiquitous instructional methods)

- IM02: Clinical experience – Ambulatory
- IM03: Clinical experience – Inpatient (as available by setting)
- IM13: Lecture (Prerecorded modules on how to prepare Oral Case Presentations (OCP) and write-ups for pediatric and adult patients and those with behavioral health or reproductive health concerns)
- IM31: Patient presentation – Patient
- IM08: Discussion, Small Group (Small group discussion and debrief of student OCPs)
- IM06: Demonstration (depending on setting and clinical care)
- IM24: Service-Learning Activity (required community engagement project or service-learning hours with reflective component)

Assessment Strategies (mapped to MedBiquitous content)

- AM01: Clinical documentation review
  - Required clinical encounters
  - Write-ups
- AM11: Oral patient presentation
  - Formal oral case presentation (two of each)
    - Pediatric care
    - Adult ambulatory care
    - Reproductive health
    - Behavioral health
- AM02: Clinical performance rating/checklist
  - Workplace-based assessments of EPAs
- AM10: Narrative assessment
- AM16: Research or project assessment

- Community engagement or service-learning project
- AM13: Peer assessment
  - Peer feedback using a structured form for the required formal OCPs
- AM17: Self-assessment
  - Pre- and post-Ottawa levels for EPAs for Course 1 and Course 2
- AM08: Exam – nationally normed/standardized, subject
  - Family Medicine NBME exam

Evaluation Details

- Components that must be completed
  - Required clinical encounters
  - Oral patient presentations
  - Write-ups
  - Service-learning/research project
  - Peer assessments
  - Self-assessment
- Narrative assessment will be the comments in the evaluation
- Components that contribute to the grade
  - Checklist/workplace-based assessment
  - NBME Family Medicine Exam

Using competency-based assessment in a letter grade environment

Based on a study out of Minnesota, the WRITE 2.0 team developed a potential grading framework. Ultimately, the advisory board would make entrustment decisions.

- Honors: Meeting entrustment in all WRITE EPAs across both contexts of encounter
  - Type of visit: acute, chronic, preventive
  - Type of patient: adult, pediatric, behavioral health, reproductive health
  - Setting: outpatient, inpatient, nursing facility, etc.
- High Pass: Meeting entrustment in all WRITE EPAs across one of the two contexts (type of visit, patient, setting)
- Pass: Meeting entrustment in all WRITE EPAs

Advisory Board

This governing body will be made up of representatives from each department involved (Pediatrics, Psychiatry, OB/GYN, Family Medicine, and Internal Medicine). The board's potential activities:

- Ensure content is integrated, accurate, and reflective of traditional block
- Entrustment decisions
- Update objectives and assessment activities
- Involvement in didactic session
- Faculty development recommendations

<input checked="" type="checkbox"/> DECISION REQUIRED?	[13] VOTES FOR	[0] VOTES AGAINST
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**Decision:** The Patient Care committee approved the learning objectives and assessment plan for WRITE 2.0.

5. Academic Grading Policy: Revisions

**Discussion:** This item was tabled until a future meeting.