Patient Care Phase Committee Minutes

Date	September 19, 2022
Time	4:00 – 5:30PM
Patient Care Co-Chairs	*Kristine Calhoun; Joshua Jauregui*
Attendees ☐ QUORUM REACHED: NO	***Academic Chair:** Kristine Calhoun;* ***Executive Chair:** Joshua Jauregui* ***Voting Members:** Abena Knight, David Horn, Evan Johnson, Jenny Wright, Matt Cunningham, Toby Keys* ***Guests**: Aubrey Brown, Nancy Miles, Gerald Tolbert, Sara Kim, Scott Bailey, Sarah Villarreal, Debbie Blackstone, Laura Yale, Alexis rush, Neha Deshpande, Carmelita Mason-Richardson, Julie Bould, Heather McPhillips, Sara Fear, Bekah Burn, Vicki Mendiratta, Erin Gunsul, Karla Kelly, Jung Lee, Sarah Wood, Michael Campion, Esther Chung, Gina Franco, Jordan Kinder*
Regrets	***Voting members:** Devin Sawyer, John McCarthy, Leslee Kane, Mike Spinelli, Paul Borghesani, Paula Silha, Serena Brewer*

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Announcements: • Dr. Joshua Jauregui named Assistant Dean for Clinical Education • Attendee introductions • October 4th – Clinical Curriculum Retreat • COVID-19 impact on rotation attendance	Kris Calhoun / Joshua Jauregui	10 min		Announcement
2	Approve June minutes	Kris Calhoun	5 min	Attachment A	Decision
3	Follow-up – Student Satisfaction: Healthcare Access	Gerald Tolbert / Aubrey Brown / Nancy Miles	25 min		Discussion
4	Comprehensive Cohort Competency Report	Matt Cunningham	35 min	Attachment B	Discussion

1. Announcements
Announcements:

- Dr. Joshua Jauregui has been named Assistant Dean for Clinical Education and Executive Co-Chair of the Patient Care Phase and Explore & Focus Phase committees.
- The Clinical Curriculum Retreat will be held the morning of October 4th.in Seattle. The Clinical Curriculum team has sent a calendar appointment to attendees. The retreat will focus on clerkship site retention and recruitment.
- The committee discussed COVID-19's impact on rotation attendance. In some rotations, illness from COVID-19 has caused students to miss large parts of the rotation and has led to issues with making up time to pass the clerkship.
  - There is variability across departments in how they require students to make up missed time and there needs to be clarification around the requirement that at least 50 percent of the time must be in-person in the clinical environment.
  - **ACTION**: Sara Kim will investigate the LCME's requirements for clinical rotations and report back to the committee chairs.

2. Approve June minutes		
Discussion: The committee reviewed the previous minutes.		
☒ DECISION REQUIRED? **MOVED TO E-VOTE**	[9] VOTES FOR	[0] VOTES AGAINST
Decision: The Patient Care committee approved the June minutes.		

3. Follow-up – Student Satisfaction: Healthcare Access
Discussion: At the 2018 Liaison Committee on Medical Education (LCME) 2018 accreditation site visit, the UWSOM received an "Unsatisfactory" rating for the compliance standard "Clinical students' access to healthcare services" (12.4): A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

From the LCME in 2018: "The medical school does not systematically provide guidance to medical students on accessing personal health care services on clinical rotations across regions. ISA data show that respondent satisfaction with available health care services ranged from 30.1% to 46.8%. This low level of satisfaction was true across the regional campuses for the Foundations Phase."

Work has been underway to improve this compliance standard. In 2020, the UWSOM received an updated "Satisfactory with a need for monitoring" rating from the LCME.

Student Affairs leadership and fourth year students followed up on their June presentation. The student group aims to provide peer support and student-led and student-collected data to improve student access to healthcare. This group administered a survey to clinical phase students in August 2022. The survey gathered 105 responses. Respondent demographics: |

- About 42% were MS4s (graduating year 2023)

- About 58% were 26 years or older
- About 95% of respondents had health insurance (about 51% of these students had Medicaid issued insurance, which does not cross state lines).

Key takeaways:
- 60% of respondents were unaware of the Hall Health Telehealth program.
- About 26% of respondents felt unable to take time off during clerkships to access care.
- Barriers students face to taking time off for healthcare:
    - Finances (cost of health insurance, dependents not being covered)
    - Logistics (usually around Medicaid and crossing state lines, continuity of care, issues refilling prescriptions, etc.)
    - Scheduling (difficulty scheduling appointments due to not knowing their daily schedule until the first day of the rotation and not knowing the rotation schedule for the clinical year)
    - Policy (unaware of Attendance and Absentee policy, unaware of who and how to ask for time off, and unaware of how to escalate issues when they receive pushback)
    - Culture (preceptor and administrative pushback, the team not normalizing taking time off, fear of repercussions on grades, high load of responsibilities)

Next Steps:
- The student group is actively working to:
    - Increase awareness of the telehealth program
    - Recruit new students
    - Administer internal surveys
- Action items identified by the group:
    - Review and update the Attendance and Absentee policy to clarify time off for healthcare needs
    - Add healthcare access as part of end of clerkship learning environment survey (or to the clerkship site evaluation sent out via E*Value)
    - Site preceptor education and development around Attendance and Absentee policy and cultural facilitators for healthcare
    - Phone list for contact information for escalation with peer support
    - Include information on taking time off for healthcare during clerkship orientation

ACTION: Stakeholders will work together to propose revisions to the Attendance and Absentee policy for the committee's review and approval at a later meeting.

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4. Comprehensive Cohort Competency Report
Discussion: The committee reviewed the Comprehensive Cohort Competency Report (CCCR) for the Entering class of 2017/graduating class of 2021. This report addresses the Liaison Committee on Medical Education's (LCME) 8.4 *Evaluation of Education Program Outcomes*: "A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the **extent to which medical students are achieving medical education program objectives** and to enhance the quality of the

medical education program as a whole. These data are collected during program enrollment and after completion."

The UW School of Medicine (UWSOM) adopted a modified version of the Physician Competency Reference set developed by the Association of American Medical Colleges (AAMC). The UWSOM has 61 program objectives sorted into eight domains:
- Patient Care (9)
- Professionalism (6)
- Knowledge for Practice (15)
- Systems-based Practice (4)
- Practice-based Learning & Improvement (10)
- Interprofessional Collaboration (3)
- Interpersonal & Communication Skills (6)
- Personal & Professional Development (8)

The Educational Evaluation team inventoried all major sources of summative assessments throughout the curriculum (all assessments are mapped to program objectives).

Summative Assessment Components		
Foundations Phase	**Clinical Phases**	**OSCE**
Block examinations	Clerkship examinations	Foundations OSCE
FCM assessments	Clerkship assessments	Patient Care OSCE

The Program Evaluation and Assessment Committee (PEAC) reviews this data and develops standards of mastery for program objectives:

Assessment	Standard
Foundations block examinations	70% or higher across all exam items
FCM assessments	Meets all FCM milestones
Clerkship assessments	Minimum passing threshold or higher on at least 80% of all rating items across clerkships
Clerkship examinations	Minimum passing threshold or higher on all clerkship examinations
Foundations / Patient Care OSCEs	Meets or exceeds expectations on at least 75% of all applicable exam stations across both OSCEs

Overall, this cohort of students did well meeting the standards of mastery for the program objectives.

Of the UWSOM's 61 objectives, 56 are currently assessed. This is an improvement from the Entering class of 2016/graduating class of 2021 (48 PLOs were assessed). The increase in PLOs assessed is largely due to the addition of the Ecology of Health and Medicine course (which taught Themes and systems content). The five PLOs not currently assessed include:

PC.08 – Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes.
KP.15 – Contribute to the creation, dissemination, application, and/or translation of new health care knowledge and practices.
PB.08 – Participate in the education of patients, families, students, trainees, peers, and other health professionals.
SB.01 – Work effectively in various health care delivery settings and systems relevant to one's clinical specialty.
SB.02 – Coordinate patient care within the health care system relevant to one's clinical specialty.

There are plans to assess SB.01 and SB.02 through the new clerkship rating forms and items under development by the Educational Evaluation team and required clerkship directors. However, many of the new forms and rating items are more focused and the Educational Evaluation team anticipates losing coverage of other PLOs.

Next Steps:
How to address expanded students:
- The CCCR only includes data for students who complete the UWSOM medical education program in four years. The School does not have an effective way to assess PLO performance for expanded students.

Improve data collection and report generation:
- Long-term goals include automating processes for data collection, especially for expanded students.

Revise program objectives:
- This is under the purview of the Committee for Learning Objective Oversight and Management (CLOOM) and is a longer-term project. If anyone is interested in joining the committee, reach out to Matt Cunningham.

Address gaps in assessment coverage:
- The LCME expects medicals schools to be able to measure student achievement of all program objectives. This will need to be addressed before the next LCME accreditation renewal (in 2026).