



Patient Care Phase Committee Minutes

Date	December 12, 2022
Time	4:00 – 5:30PM
Patient Care Co-Chairs	<i>Kris Calhoun; Joshua Jauregui</i>
Attendees	<p>Academic Chair: <i>Kris Calhoun; Executive Chair:</i> <i>Joshua Jauregui</i></p> <p><input checked="" type="checkbox"/> QUORUM REACHED: NO Voting Members: <i>Abena Knight, Jenny Wright, John McCarthy, Matt Cunningham, Paul Borghesani, Toby Keys</i></p> <p>Guests: <i>Kellie Engle, Bekah Burns, Karla Kelly, Ali Ravanpay, Julie Bould, Sara Fear, Jordan Kinder, Erin Gunsul, Kristen Seiler, Eric Kraus, Debbie Blackstone, Carmelita Mason-Richardson, Amy Dettori, Vicki Mendiratta, Jung Lee, Megan Osika-Dass, Margie Trenary, Ross Kessler, Neha Deshpande, Sarah Wood, Doug Schaad, Melinda Frank</i></p>
Regrets	Voting members: <i>David Horn, Devin Sawyer, Evan Johnson, Leslee Kane, Mike Spinelli, Paula Silha, Serena Brewer</i>

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Learning Environment	Melinda Frank / Karla Kelly	5 min	Attachment A	Announcement
2	Approve November Minutes	Kris Calhoun	5 min	Attachment B	Decision
3	Pediatrics Clerkship: Grading Policy Change	Joshua Jauregui / Bekah Burns	15 min	Attachment C	Decision
4	Requirements for Clinical Clerkships	Kellie Engle	30 min		Discussion
5	PEAC Grading Recommendations: Percentage Weighting System and Final Exam Weight Cap	Joshua Jauregui / Matt Cunningham	35 min	Attachment D, E	Decision



1. Learning Environment

Announcement: The committee reviewed updates to the [Learning Environment Reporting Tool](#) (aLERT, also known as the “Mistreatment Button”). This tool was created so students and others can submit anonymous or self-identified feedback about any UWSOM learning environment, including the WWAMI Foundations sites and UW-affiliated clinical sites.

The clerkship websites have historically linked directly to aLERT. The Learning Environment team requested clerkships instead link to the Learning Environment’s general website which includes all reporting options available to students:

1. Directly to the Director of the learning Environment
2. Directly to any UWSOM dean
3. Via the online the [Learning Environment Reporting Tool](#)
4. By documenting on UWSOM evaluations (MSEs, Foundations End-of-Block Evaluations, GQ, etc.)

Clerkships should communicate all reporting methods at orientation.

2. Approve November minutes

Discussion: The committee reviewed the previous minutes.

<input checked="" type="checkbox"/> DECISION REQUIRED? MOVED TO E-VOTE	[11] VOTES FOR	[0] VOTES AGAINST
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Decision: The Patient Care Phase Committee approved the November minutes.

3. Pediatrics Clerkship: Grading Policy Change

Discussion: The Pediatrics Clerkship presented a grading policy change for the current clinical year (2022-2023). The rule has not applied/impacted any student this clinical year and the clerkship proposes removing it:

ASSIGNMENTS

*All assignments, including required Aquifer cases, are due by the end of the clerkship. For each missing assignment on the Tracker, 0.25 points will be deducted from the clinical grade. **Missing ≥5 assignments/cases will result in a grade of FAIL for the clerkship.***

See meeting handouts for details.

<input checked="" type="checkbox"/> DECISION REQUIRED? MOVED TO E-VOTE	[11] VOTES FOR	[0] VOTES AGAINST
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Decision: The Patient Care Phase Committee approved changes to the Pediatrics Clerkship's grading rubric for the 2022-2023 clinical year (Removing the following from "Assignments": Missing ≥5 assignments/cases will result in a grade of FAIL for the clerkship.)

4. Requirements for Clinical Clerkships

Discussion: The committee followed up on recent discussions of clinical time requirements for required clerkships. During the height of the COVID-19 pandemic, the Liaison Committee on Medical Education (LCME) issued guidance that students must be in the clinical environment at least 50 percent of the time.



While this guidance has expired, student absenteeism on clerkship rotations is still high due to illness. Clerkships are looking for guidance on how students should make up missed time and clarity on clinical time requirements. Curriculum staff presented information for the committee's review.

University of Washington (UW) and UW School of Medicine (UWSOM) criteria for clinical clerkships:

- Learning objectives
- Course requirements as determined by the course director
- Credit hours approved by the UWSOM and UW Curriculum Committees:
 - **Clinical credits** (2 credits / week. Hours = 40 hours per week in clinical activities and up to 20 hours per week in outside reading/preparation for a total of 60 hours per week).
 - See the UWSOM's [Student Work Hours Policy](#) for more information.
- The LCME and the Association of American Medical Colleges (AAMC): Support achievement of the graduation competencies by outlining the Required Clinical Experiences and their monitoring and continuous improvement. It also ensures the medical school meets LCME accreditation requirements:
 - Element 6.2 Required clinical experiences
 - Element 8.6 Monitoring of completion of required clinical experiences
 - Element 8.7 Comparability of education/assessment

The committee provided feedback and asked questions:

- Clerkship Directors advocated to keep the flexibility they have in determining how and when students make up missed time.

QUESTION – Is issuing an “Incomplete” grade appropriate for students who cannot make up missed time during the rotation?

ANSWER – [Per UW](#): " An Incomplete may be given **only** when the student has been in attendance and has done satisfactory work to within two weeks of the end of the quarter and has furnished proof satisfactory to the instructor that the work cannot be completed because of illness or other circumstances beyond the student's control."

However, it is unclear how this rule applies to the UWSOM. UWSOM's clinical schedule does not always align with the quarter system.

ACTION ITEM: Clerkship Directors asked the Director of Curriculum for guidance on how students should make up missed time if it cannot be completed during the rotation.

5. PEAC Grading Recommendations: Percentage Weighting System and Final Exam Weight Cap

Discussion: In March 2022, Curriculum Committee approved required clerkship grading recommendations from the Program Evaluation and Assessment Committee (PEAC). Two recommendations will be implemented in the 2023-2024 clinical year. The Patient Care Phase and Explore & Focus Phase committees must discuss and vote on these recommendations:



1. Departments should adopt a percentage weighting system for combining clinical evaluations and final exam scores into a final grade.

Two departments currently have a percentage weighting system:

- Emergency Medicine: the grade is comprised of the clinical assessment and exam (weighted at 7%). The clerkship emphasizes clinical performance over the exam grade.
- Psychiatry: the grade is comprised of the clinical assessment, oral case presentations, and the exam (weighted at 20%).

2. Establish a final exam weight cap. The final exam weight can be different by department, but no higher than the cap set and approved by the Patient Care Phase Committee and Explore & Focus Phase committees.

The AAMC recommends a percentage weighting system to improve transparency on the MSPE for residency program directors.

PEAC recommended 15% as a cap. Among the LCME-accredited medical schools that PEAC investigated, a percentage weighting system was the most commonly used system. For those schools that used a percentage weighting system, the average weight given to the exam was 27% (range 15%-50%). This corroborates data from a 2016 NBME survey of clerkship directors showing that across specialties, most schools weighted the exam between 20-40% of the final grade. However, during discussions, PEAC members were wary of giving too much weight to the final exam, which is why the suggested cap is at 15% (a compromise between those who felt the cap should either be 10% or 20%).

NBME conducted the clerkship directors survey last year and is expected to release updated data in January 2023.

The committee provided feedback:

- Concerns were raised about two possible caps discussed:
 - Final exam weight cap of 50%. This gives the departments flexibility. However, some felt that a wide range could add to student distress and confusion and advocated for more consistency across departments.
 - Final exam weight cap of 15%. Some felt this cap establishes appropriate limits on an exam that is not meant to be the ultimate decider of a student's knowledge or ability to practice medicine. However, others felt 15% is very low and de-emphasizes clinical knowledge.
- The committees have the ability to set and approve both a minimum and maximum final exam weight.
- **ACTION ITEM:** Clerkship Directors will meet with the Director of Evaluation to discuss how their grading would be affected by possible final exam weight caps.