EDUCATIONAL QUALITY IMPROVEMENT STRATEGIC PLANNING COMMITTEE

Meeting Minutes

Date & Time: February 7, 2023 PST | 1:00 PM - 2:30 PM PST
Location: Zoom https://uw-phi.zoom.us/j/5962096962
SharePoint: https://uwnetid.sharepoint.com/sites/EQI/EQISPC/
EQISPC Webpage: https://education.uwmedicine.org/eqi/educational-quality-improvement-strategic-planning-committee-eqi-spc/
Minutes Taken By: Jung Lee and Rhea Fagnan

Attendees: Darryl Potyk (Co-Chair), Mark Whipple (Co-Chair), Kellie Engle, Tania Bardyn, Cindy Hamra, Martin Teintze, David Sherman, Margaret Isaac, Kiran Gill, Sarah Busch

Regrets:, Sara Kim (ex-officio), Bessie Young, Karen Segerson, Zachary Matsko, Joshua Kern, Sangeetha Thevuthasan, Cole Hanselle, Emma Ryan, Hart Edmonson, Leonida Radford

Staff: Jung Lee, Rachel Liao, Rhea Fagnan

Quorum:	**Yes** ☒	**No** ☐	(A quorum is 50%+1 of the voting membership or 10)

Committee Business

- **Meeting Minutes: December 2022**
  - Previous meeting minutes were approved.

EQI Updates

- **LCME Update and Requests**
  - The 2023 LCME Status Report timeline was reviewed. EQI is currently working with leaders and units on developing survey questions and solidifying strategies, while also conducting some needs assessments.
  - Updates on the four status reports for LCME.

    - **3.2 Community of Scholars/Research Opportunities (Unsatisfactory)**
      - Please refer to the presentation materials at the end of the minutes.

      - It was discussed that research is not an LCME requirement – it is a UWSOM requirement (which is a scholarship requirement). We have the opportunity to define research; moving forward the plan is to align our definition with the requirement that we have.

    - **5.11 Campus Study and Relaxation Space (Unsatisfactory)**
      - Please refer to the presentation materials at the end of the minutes.

- We have great spaces available, but the student survey reflected that we might not be sharing space as effectively as it should be and as expected by the students. For example, at a couple of campuses there was conflicts between M1's and M2's and other campuses there were conflicts with other learners. Addressing these issues is more what we are discussing in terms of process enhancement. It has become apparent that we need both physical enhancements and process improvements.

- Tania discussed that there will have been improvements made in the Health Sciences library from when this survey was last completed. Jung to follow up with Tania regarding these extra improvements.

- **11.1 Academic Advising (Satisfactory with a need to monitoring)**
  - Please refer to the presentation materials at the end of the minutes.

- **12.4 Student Access to Health Care Services (Unsatisfactory)**
  - Please refer to the presentation materials at the end of the minutes.

  - Discussion was held regarding the website that Sarah Wood is developing to help students understand how to access health care while on rotations and how students would be able to access it (if it's NetID protected), and if we would be able to track if the students are using it and have an increased awareness.

o Student representative Sarah Busch shared her thoughts regarding student perception regarding these LCME elements.
  - Element 3.2: Sarah reviewed what she shared previously that she has not had trouble finding research opportunities and has not heard from other students that they have had trouble finding research opportunities.
  - Element 5.11: Regarding the campus spaces part, she could see where there have been some issues. For example, in Montana some of the space conflicts with MS1 and MS2's, but they were given a scheduler to book their time, which will make a big difference.
  - Element 12.4: It would be a good idea to let students know exactly what the expectations are if they need to go to a doctor's appointment, who they should communicate that too, and that it will not affect their clerkship grades if they do. It would also be very helpful to have information about how to navigate their health care access when they are not in their state. For example, providing the resources or a telehealth option is important.

o Element 12.4: There was further discussion held on how to provide students the guidance for where to go to find out the information they need regarding how to access health care. Accessibility of this information is crucial for students to know and have the guidance for. There is a concern that there might be a lot of silent knowledge that is not being relayed to the students. For example, where does a student go if they get sick in a different state and where do they find that information out? Jung will check with Sarah Wood to understand what type of information she plans to include on the website and will provide feedback if there is information missing that the committee has discussed.

o **Looking ahead: What will we do differently for 2026 LCME Review?**
  - Please refer to the presentation materials at the end of the minutes. Items discussed were the CQI focus we have, how to mobilize and inspire the community, how to hardwire

enduring changes and what we would do differently looking ahead at the 2026 LCME Review.

- It was discussed that it would be helpful to have a master timeline that can start being sent out to others to get them comfortable with everything that will need to be done throughout the LCME process, and what information they will need to provide.

- Discussion was also held regarding how we hardwire the constant continuous improvement process, and how this can fill the needs for the accreditation process. Cindy Hamra discussed the process of when ACGME created a centralized model when they started requiring more updates from programs, which ended up creating value for the central GME office. It was discussed how we can create infrastructure that advise on timelines and how to pull data, and when we review, what to do with it. It is a central life, but it helps create some central internal consistency which is important.

- EQI unit will think further about what they can do as a centralized office to be able to provide further support to others.

- GME office is viewed as an advocate for programs, not policing the process.

- **End-of-Phase Survey**
  - EQI is working with units to update the end-of-phase survey which we hope to roll out in March.

Discussion Items

- **Strategic Priority #1. Governance**
  - Discussion was held on the importance of governance and what are the process and measurable outcomes for each of the 8 attributes of good governance.
  - Two documents were circulated to the committee prior to this meeting for review:
    - Strategic Priority #1 SBAR document
      - Reviewed the 8 attributes of good governance and the committee discussed how we could help operationalize these and measure these. For example, what are some process and outcome measures to see if which of these components is being enacted in a meaningful way. How can we help other units assess their governance and improve.

      - The committee discussed the process and timeline for units to review this: Ideas were to start with one unit to facilitate the process with and support them to assess their governance before we roll it out to other units.

      - Rule-of-law principal was discussed in terms of how policies and procedures for test-taking are documented. It was discussed that some information and changes does not always make it back to the faculty on ground level that are working with the medical students and there is difficulty finding this information. This could be looked at also as the principal of transparency. Questions to consider include the following:

        - Is the information easily available to folks that are expected to follow these rules?

- o This is a great example of a measure to look at. Are there decisions that need to be made?
  - o Are there rules or policies around these decisions?
  - o Are they made available to key stakeholders? If the answer is yes, then that is good governance.

- Communication is an area that has been an issue. Making sure we are following up on the feedback to students is important too so that they are aware of how their feedback is included in the policy and decision-making process.

- Discussion was held regarding governance and looking at it in terms of decision making. Are we happy with the processes put in place for decision making? Are they filling the values we should be filling?

- The committee discussed the possibility of putting the 8 attributes of good governance out to leaders of each unit along with a 15–30-minute discussion with leaders of each unit to just start the conversation. It is a great framework to facilitate discussion about governance and it provides a great opportunity to examine their current governance with focus on the attributes of the good governance.

- Suggestions: the reality is people are stretched thin and there needs to be accountability and deadlines. An idea could be to make this more collaborative versus approaching it in an oversite manner were discussed. For example, representatives of the committee act as a facilitator and could offer the opportunity to see best practices. For example, if transparency is a challenge, how are other people doing it well? Our committee could help make it more consistent before we apply it across units.

- Challenges: Getting learners to participate in good governance. Students need to know that they have a safe avenue to be able to discuss items and bridge the gap that helps keep students safe and helps build relationships between students and faculty. There are trust issues. For example, student feedback is that they do not feel comfortable reporting issues until the end of their rotation.

- Communication: We need to communicate better, and in a more predictable manner. For example, students are getting inundated with emails – we need to find a way to be more concise, get our message across in an effective manner.

- Next action steps:

  - o Trim down the SBAR document and discuss more about how to roll this out to a wider audience. Do we take this to one of the Academic Affairs Deans meetings and have a similar discussion there?
  - o Start rolling this tool out to stakeholder groups to get their thoughts and initial reactions.

- A paper: Enacting Pedagogy in Curricula (on the Vital Role of Governance in medical Education)
  - This is a paper from UBC that was circulated to the group for review.

- **Faculty Member Recruitment**
  - Two openings
  - Recruitment Strategies
    - Kellie shared the curriculum committee's recruitment strategy.

    - Previously we have had very low yield for recruitment, it would be better to have a secondary approach as well.

    - Discussion was held on if this committee have some scope of membership that we are looking for? For example, do we want to bring in more WWAMI faculty? The amount of leadership experience from the committee members has been critically important and is a very valuable asset of committee members. To what degree can we bring in folks that might be able to contribute well to this committee? A general mailing to everybody may miss some folks that might not be on the list servs that might be a great contributor.

    - Need to find a more targeted way to recruit other faculty members. What expertise are we missing? A clerkship director could be a great important voice to add onto this committee. Are there other constituencies that we want to consider? The committee will think about this in the context of good governance, and we will discuss more as we move forward.

    - Darryl's term is almost up, and we will need another co-chair within a few months.

- **Student Committee Member Recruitment**
  - The application deadline has passed, and the committee has received 5 student applications to review.

  - Thank you for providing feedback on forms. Please email Jung if you are interested in reviewing the applications and joining the review committee. Both Margaret and Tania volunteered to review applications.

Adjourned: 2:30pm

LCME Update EQISP Committee – EQI Presentation begins on the following page.

LCME UPDATE & REQUESTS
FEBRUARY 7, 2023

3.2: COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES: UNSATISFACTORY
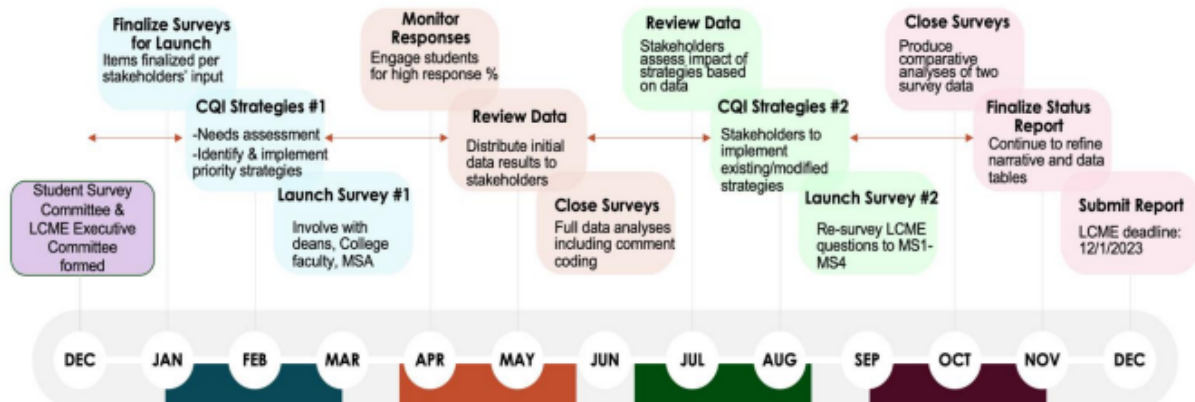
KEY UPDATES

- Discussion of 3.2 issues at the Institute for Translational Health Sciences (ITHS) Steering Committee (1/13/23), ITHS Regional Executive Council (1/24/23)
- Action Items
  - Need to broaden the scope of research to include other forms of scholarly activities beyond SOD and SOI. (e.g., RUOP & GHIP, new Clinical and Translational Research Pathway, others?)
  - Potentially re-brand Triple I: Scholarly Projects
  - Craft and deliver common languages about scholarly activities (Input: Regional Research Advisors)
  - Regional deans to closely coordinate communications in partnership with research advisors
  - Consider ITHS' offer of a summer research curriculum tied to Triple I/Scholarly Projects
  - Reflect into action items main issues being addressed by the workgroup led by Cynthia Sprenger and John McCarthy

LCME SURVEY QUESTIONS

- Satisfaction with ease of access to research opportunities
- Satisfaction with sufficiency of information about research

2023 LCME STATUS REPORT TIMELINE

Finalize Surveys for Launch
Items finalized per stakeholders' input

Monitor Responses
Engage students for high response %

Review Data
Stakeholders assess impact of strategies based on data

Close Surveys
Produce comparative analyses of two survey data

CQI Strategies #1
-Needs assessment
-Identify & implement priority strategies

Review Data
Distribute initial data results to stakeholders

CQI Strategies #2
Stakeholders to implement existing/modified strategies

Finalize Status Report
Continue to refine narrative and data tables

Student Survey Committee & LCME Executive Committee formed

Launch Survey #1
Involve with deans, College faculty, MSA

Close Surveys
Full data analyses including comment coding

Launch Survey #2
Re-survey LCME questions to MS1-MS4

Submit Report
LCME deadline: 12/1/2023

DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC

5.11: STUDY & RELAXATION SPACE: UNSATISFACTORY

KEY UPDATES

- Darryl Potyk generated a strategy document based on conversations with Gerald Tolbert, Brant Schumaker & John Wilford (1/17/23); Foundations Deans meeting (1/30/23)

- Action Items: Conduct a needs assessment survey with regional deans and develop best practices
  - ✓ Date facilities opened
  - ✓ Total # of healthcare learners accessing these facilities
  - ✓ Physical changes/improvements and dates implemented
  - ✓ Process enhancements
    - Room reservation systems
    - Assigning designated space
    - Limiting other users: (GU 1/2023 discussed not opening new building to all GU undergrads, just those in Human Physiology or taking classes in building – limiting other users)
    - Other
  - ✓ Documentation of communication to students – additional spaces / changes / upgrades
  - ✓ How the information is communicated
  - ✓ Dates
  - ✓ When repeated

5.11: STUDY & RELAXATION SPACE: UNSATISFACTORY

LCME SURVEY QUESTIONS

- Satisfaction with Adequacy of Campus Study Space
- Satisfaction with Campus Relaxation Space

11.1: ACADEMIC ADVISING: SATISFACTORY WITH NEED FOR MONITORING

KEY UPDATES

- Meeting with regional learning specialists (1/9/23), Debrief with Erica Brice (1/19/23)
- Action Items
  - Need to regularly assess student satisfactions with academic advising (lesson learned from MSU personnel turnover)
  - Regional deans' debriefs on survey data findings with learning specialists
  - Identify early areas of challenges that could negatively affect student satisfaction (e.g. Gonzaga personnel turnover).
  - Review pros and cons of the current structure: Little influence over recruitment of learning specialists by central academic advising office
  - Need to formally assess sufficiency of learning specialists to meet students' academic advising and counseling needs.
  - Learning specialists to develop questions to accompany the LCME's required questions.

LCME SURVEY QUESTIONS

- Satisfaction with availability of academic advising
- Satisfaction with quality of academic advising

12.4: STUDENT ACCESS TO HEALTH CARE SERVICES: UNSATISFACTORY

KEY UPDATES

- A strategy document has been developed and shared with stakeholders based on discussions with members of curriculum committees (1/17/23)

- Action Items
  - Clinical Phase Attendance & Absentee Policy to be revised
    - To include an explicit referencing of students' healthcare needs
    - To provide clear expectation and guidance for students, staff, and faculty
    - The revised policies will be reviewed for approval at both Patient Care Committee(2/13) and Explore & Focus Committee(2/27)
  - Implement new communication strategies: Student leaders to peer teach during Transition to Clerkship (3/14/23); a link to a Website containing information about healthcare services included in clerkship emails.
  - Continue to expand and promote to students telehealth services during clerkships
  - New data collections in end of clerkship surveys:
    a. Did you have any problems being excused from clerkship duties to keep health care appointments? [YES/NO]
    b. Please describe your experience keeping health care appointments: [open-ended]

12.4: ACCESS TO HEALTHCARE: UNSATISFACTORY

LCME SURVEY QUESTIONS

- Adequacy of Guidance about Accessing Healthcare when on Clinical Rotations

LOOKING AHEAD: WHAT WILL WE DO DIFFERENTLY FOR 2026 LCME REVIEW?

- **CQI Focus**
  - *2016-2018:* *The majority of the time was devoted to producing the accreditation documents. As a result, very little time was spent on CQI interventions based on survey data.*
  - **Looking Ahead:** The self-study kick-off will launch with content materials largely developed in order for the community to intensely focus on data-driven CQI

- **Mobilize/Inspire the Community**
  - *2016-2018:* *In spite of multiple committees involving over 100 faculty, leaders, students, and staff, the work ended up being delivered by the selected few.*
  - **Looking Ahead:** We need to start strategizing on how to 'inspire' the community to do the work in service of our medical education program and students.

- **Hardwire Enduring Changes**
  - *2016-2018:* *When submitting the accreditation document in 2018, the school didn't have sufficient time to put in place systems changes, such as central IT solutions for collecting and reporting data, clear policies (e.g. faculty appointment), and coordinated interventions (e.g. student mistreatment). This led to multiple citations and multi-year efforts to get the citations removed.*
  - **Looking Ahead:** Prior to and during the self-study, the school would need to pay a particular attention to gaps in areas that require investments in system and people, streamlining of dispersed operations including governance, and ongoing communications with students, faculty, leadership, and staff.