



Patient Care Phase Committee Minutes

Date	March 13, 2023
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: YES, 10</p> <p>Voting Members: <i>Abena Knight, David Horn, Devin Sawyer, Jenny Wright, John McCarthy, Matt Cunningham, Paul Borghesani, Paula Silha, Toby Keys</i></p> <p>Guests: <i>Frank Batcha, Carmelita Mason-Richardson, Kellie Engle, Julie Bould, Ruth Sanchez, Megan Osika-Dass, Robin Scott, Heather McPhillips, Margie Trenary, Karla Kelly, Debbie Blackstone, Eric Kraus, Sara Kim, Jung Lee, Kristen Seiler, Gerald Tolbert, Doug Paauw, Neha Deshpande, Vicki Mendiratta, Cassia, Ross Kessler, Scott Bailey, Edith Wang, Michael Campion, Sarah Wood, Jay Erickson, James Guyer, Alexis Rush, Sarah Villarreal</i></p>
Regrets	Voting members: <i>Evan Johnson, Leslee Kane, Serena Brewer</i>

Agenda

	ITEM	LEAD	TIME	ATTACHMENTS	ACTION
1	Approve February minutes	Kris Calhoun	5 min	Attachment A	Decision
2	Clerkship Requirement Changes for the 2023-2024 Clinical Year: <ul style="list-style-type: none"> • Surgery • Internal Medicine 	Kris Calhoun / Jenny Wright / Neha Deshpande	15 min	Attachment B, C	Decision
3	Policies for 2023-2024 Clinical Year: <ul style="list-style-type: none"> • Attendance & Absentee – Clinical Phase Policy • Student Access to Anticipated Healthcare Policy 	Joshua Jauregui	35 min	Attachment D, E, F	Decision
4	WRITE 2.0 Assessment/Grading Plan	Amanda Kost / Frank Batcha	35 min	Attachment G	Discussion



1. Approve February minutes		
Discussion: The committee reviewed the previous minutes.		
<input checked="" type="checkbox"/> DECISION REQUIRED?	[9] VOTES FOR	[0] VOTES AGAINST
Decision: The Patient Care Phase Committee approved the February minutes.		

2. Clerkship Requirement Changes for the 2023-2024 Clinical Year
<p>Discussion: Each year, the six required Patient Care Phase clerkships present changes for the upcoming clinical year to the committee for review and approval. This is a critical process for the school’s continued accreditation from the Liaison Committee on Medical Education (LCME). Changes could include:</p> <ul style="list-style-type: none"> • Clerkship objectives • Required clerkship activities • Clinical encounters • Mini-CEX • Plans to recruit, add or otherwise change clerkship sites • Assessment • Grading System <p>Surgery and Internal Medicine presented changes for the 2023-2024 clinical year, beginning on March 27, 2023. See meeting handouts for details.</p> <p>Surgery <u>Mini-CEX:</u> The clerkship will update the instructions to provide more clarity.</p> <p><u>Clerkship Sites:</u> A new site will be opened in Gillette, Wyoming this clinical year.</p> <p><u>Grading System:</u> The final grade weighting system: 80% Clinical / 20% final exam. The minimum passing final exam score will remain at 56 (third percentile).</p> <p>Honors: 91.1-100% High Pass: 73-91% Pass: 51-72.9% Fail: 50.9% or lower</p> <p>Clinical grades will still be assessed using the 12 metrics and a 4-point scale with 0.5 increments.</p> <p>Clinical Honors: 3.8-4 (or 95-100%) Clinical High Pass: 3-3.79 (or 75-94%) Clinical Pass: 2-2.99 (or 50-74.9%) Clinical Fail: 1.99 or lower</p> <p>Failure to complete and submit required assignments will result in a decrease in the final grade percentile. There are six required assignments and each count for 1%, with points subtracted from the final percentile for each missing assignment, up to a maximum of -6%.</p> <p><u>Other:</u> Surgery will add Internal Medicine’s verbiage about the criteria for grade appeals.</p>



Internal Medicine

Required clerkship activities: The clerkship will add 10 Aquifer cases (students will be expected to complete one case per week for the first 10 weeks of the clerkship)

Mini-CEX: The following changes will be made to the Advanced Care Planning activity:

- Students will prepare for the mini-CEX by completing a Palliative Care Aquifer case.
- The preferred site of completion is moving to the ambulatory setting.

Clerkship Sites:

- Vancouver, Washington will transition from a six-week primarily ambulatory site to an eight-week site, including four weeks of outpatient and four weeks of inpatient experience.
- The Douglas, Wyoming six-week site will re-open after a multi-year hiatus.

Assessment: Discontinue the use of the Aquifer Clinic Decision Making Exam (CDME). Two new additional activities will be assessed:

- Two mini-CEXs (completion of required Aquifer case, written reflection, and structured assessment of documentation in ACP)
- Ten required Aquifer cases.

Grading System: The final grade weighting system: 70% Clinical / 15% assignment-based assessments (5% mini-CES + 10% required Aquifer cases) / 15% final exam.

- Honors > 93**
- High Pass > 83**
- Pass > 65**

Other: Discontinue “Critical Incidents” sessions. They will be replaced with additional didactics on heart failure, chronic kidney disease, expanding the geriatrics lecture to include osteoporosis, and adding an additional ambulatory medicine session to include thyroid disease and dermatology topics.

<input checked="" type="checkbox"/> DECISION REQUIRED?	[9] VOTES FOR	[0] VOTES AGAINST
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Decision: The Patient Care Phase Committee approved Surgery's clerkship changes for the 2023-2024 clinical year

<input checked="" type="checkbox"/> DECISION REQUIRED?	[9] VOTES FOR	[0] VOTES AGAINST
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Decision: The Patient Care Phase Committee approved Internal Medicine's clerkship changes for the 2023-2024 clinical year

3. Policies for 2023-2024 Clinical Year

Discussion: At the 2018 Liaison Committee on Medical Education (LCME) accreditation site visit, the UW School of Medicine (UWSOM) received an *Unsatisfactory* citation for 12.4 “Clinical students’ access to healthcare services.” In 2020, the rating was updated to *Satisfactory with a Need for Monitoring*. In 2022, it fell back to *Unsatisfactory*. Student survey results reveal dissatisfaction stems from the following:

- The school’s large geographic region:



- Finding providers and scheduling regular healthcare appointments is difficult (rotations are typically six-weeks in length).
- Health insurance and Medicaid coverage often does not carry over state lines.
- Difficulty accessing and navigating the healthcare system.
- Fear of school/faculty/preceptor retaliation (specifically to students' grades).

UWSOM is taking a multi-prong approach to increase student satisfaction:

1. Improve communication to students on how to report issues accessing healthcare (Student Affairs, Learning Environment Committee, and Educational Quality Improvement)
2. **Revise Attendance & Absentee policy (Patient Care Phase and Explore & Focus Phase Committees)**
3. Improve student access to telehealth services (Student Affairs)
4. Improve communication to and faculty development for clinical site preceptors (Faculty Development)

Over several months, the Curriculum Office has gathered extensive stakeholder feedback (formal and informal discussions and numerous surveys) and reviewed peer medical schools' policies. Utilizing this information, the attendance policy was revised and a new policy was drafted specifically around student access to healthcare. These edits aim to:

- Simplify language
- Balance the needs of all stakeholders
- Maintain an excellent medical education program
- Address LCME citation
- Emphasize the importance of student wellness and encourage/protect access to healthcare
- Support departments and UWSOM's capacity to operationalize change

The Patient Care Phase Committee discussed policy revisions at the February 2023 meeting. Following this meeting, the Curriculum Office surveyed clerkship directors and administrators to gather additional feedback, which has been incorporated into the proposed revisions.

In addition to cleaning up the policy language and expressing the UWSOM's explicit support of students' wellness and access to healthcare, the proposed revisions will grant students one additional allowed absence (on most rotations) for healthcare:

Rotation	Anticipated Healthcare Absences	Anticipated Personal or Academic Absences
2-week elective clerkship 3-week required clerkship (WRITE) 4-week Sub-Internship (Sub-I) 4-week Advanced Patient Care clerkship (APC)	Up to 1 day	NONE



4-week required clerkship 4-week clinical elective clerkship 6-week required clerkship	Up to 1 day	Up to 2 days *
Greater than 6 weeks (> 6 weeks)	Up to 2 days	Up to 2 days *
* Approved at the discretion of the Clerkship Director		

The committee reviewed the proposed revisions, provided feedback, and voted on the proposed policy changes.

<input checked="" type="checkbox"/> DECISION REQUIRED?	[8] VOTES FOR	[1] VOTES AGAINST
Decision: The Patient Care Phase Committee approved revisions to the "Attendance & Absentee - Clinical Phases" policy, effective for the 2023-2024 clinical year		

<p>4. WRITE 2.0 Assessment/Grading Plan</p> <p>Discussion: The WWAMI Rural Integrated Training Experience (WRITE) Program is a Longitudinal Integrated Clerkship (LIC) that offers selected third-year medical students a mix of ambulatory and hospital training through a clinical 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. Over the past several years, WRITE has been revamped.</p> <p>Timeline</p> <ul style="list-style-type: none"> • November 2020 - the Vice Dean for Academic, Rural and Regional Affairs charged a workgroup to make recommendations for a conjunct clerkship. • June 2021 – the workgroup gave a status report to Curriculum Committee. • January 2022 – the workgroup presented final recommendations to the Curriculum Committee and the Patient Care Phase Committee. The Curriculum 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. The Patient Care Committee approved the learning objectives and assessment plan for WRITE 2.0. • February 2022 – Curriculum Committee approved WRITE's new learning objectives and WRITE's assessment plan as a pilot. <p>WRITE faculty directors returned to provide an update on the WRITE's 2023 launch and present details on the assessment and grading plan. Curriculum Committee approved the WRITE assessment plan as put forth by the WRITE Directors on February 6, 2023.</p>



WRITE Grading

Required elements:

- Clinical encounters
- Oral Case Presentations (OCPs) and documentation
- Service learning/community project
- Clerkship-based assignments

Exams:

- (MEDLIC 1) Family Medicine exam will be administered at Week 6 (third percentile is passing).
- (MEDLIC 1) Pediatrics exam will be administered at Week 12 (first percentile is passing if the student has not completed the inpatient portion of WRITE and the third percentile is passing if the student has completed the inpatient portion of WRITE).
- (MEDLIC2) Psychiatry exam will be administered at Week 4 (first percentile is passing if the student has not completed the inpatient portion of WRITE and the third percentile is passing if the student has completed the inpatient portion of WRITE).
- (MEDLIC2) OB/GYN exam will be administered at either Week 6 or Week 9 (first percentile is passing if the student has not completed the inpatient portion of WRITE and the third percentile is passing if the student has completed the inpatient portion of WRITE).

Entrustable Professional Activities (EPA) Entrustment Levels and Grading:

RIME-level	Corresponding Ranked, UWSOM Grade
Reporter	Pass
Interpreter	High Pass
Manager	Honors
Enhanced Communicator	Honors

The committee reviewed how the RIME-level will be translated into the ranked, UWSOM grading structures for the two WRITE courses (MEDLIC 1 and MEDLIC 2).

MEDLIC 1

- Students will need to submit two Workplace-Based Assessments (WBAs) for two of the four patient populations. Two or more WBAs at the same level are required to achieve entrustability at that level. The lowest level of entrustability across the top two patient populations is used to determine the ranked grade.
- Students are expected to receive one WBA per half-day clinical session (estimated nine per week). The total minimum WBAs needed for MEDLIC 1, assuming passing level of entrustability upon the first assessment are:

$$10 \text{ EPAs} \times 2 \text{ patient populations} \times 2 \text{ WBAs} = 40$$

MEDLIC 2

- Students will need to cumulatively submit WBAs for all four patient populations. WBAs submitted in MEDLIC 1 count toward this requirement. Two or more WBAs at the same level are required to



achieve entrustability at that level. The lowest level of entrustability across all four patient populations is used to determine the ranked grade.

- Students are expected to receive one WBA per half-day clinical session (estimated nine per week). The total minimum WBAs needed for MEDLIC 2, assuming the student achieved a pass for two patient populations in MEDLIC 1 and achieves passing level of entrustability upon the first assessment are:

$$10 \text{ EPAs} \times 2 \text{ patient populations} \times 2 \text{ WBAs} = 40$$

EPA Entrustability Committee

WRITE includes patients across the lifecycle and care needs including pediatrics, adults, pregnancy/reproduction, and behavioral/mental health care. WRITE preceptors will submit Workplace-Based Assessments for 9 out of 13 Core Entrustable Professional Activities during two quarters of WRITE.

This committee is charged with:

- Advising on level on entrustment for each EPA and the basis of that entrustment.
- Providing specialty-specific expertise to ensure students are assessed on an appropriate variety of patient populations, specifically Pediatrics, OB/GYN, Psychiatric, and adult patients.
- Advising the WRITE program to ensure educational goals are being met for each of the patient populations.

Committee members do not need to be experts in competency-based medical education, as the WRITE faculty directors will provide faculty development in this area prior to the launch of the committee. Committee members do need to provide expertise in their respective fields.

The committee will meet twice a quarter to discuss student entrustment and ensure assessment is robust for all patient populations.

See meeting handouts for details.

<input checked="" type="checkbox"/> DECISION REQUIRED?	[8] VOTES FOR	[0] VOTES AGAINST
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Decision: The Patient Care Phase Committee endorsed the details of WRITE's pilot assessment/grading plan