



Patient Care Phase Committee Minutes

Date	April 10, 2023
Time	4:00 – 5:30PM
Patient Care Co-Chairs	<i>Kris Calhoun; Joshua Jauregui</i>
Attendees	<p>Executive Chair: <i>Joshua Jauregui</i></p> <p><input checked="" type="checkbox"/> QUORUM REACHED: NO Voting Members: <i>Abena Knight, Devin Sawyer, Evan Johnson, Matt Cunningham, Mike Spinelli, Paula Silha, Toby Keys</i></p> <p>Guests: <i>RaQuel Harwick, Melinda Frank, Scott Bailey, Mary Sargent, Debbie Blackstone, Karla Kelly, Jordan Kinder, Margie Trenary, Erin Gunsul, Kellie Engle, Heather McPhillips, Eric Kraus, Megan Osika-Dass, Kristen Seiler, Christine Ibrahim Rizkalla, Gina Franco, Jung Lee, Michael Campion, Vicki Mendiratta, Geoff Jones, Sarah Villarreal, Esther Chung, Julie Bould, Neha Deshpande, Jaime Fitch</i></p>
Regrets	Voting members: <i>Kris Calhoun, David Horn, Jenny Wright, John McCarthy, Leslee Kane, Paul Borghesani, Serena Brewer</i>

Agenda

	ITEM	LEAD	TIME	ATTACHMENTS	ACTION
1	Announcement: <ul style="list-style-type: none"> • Attendance & Absentee – Clinical Phase Policy revisions approved • Student Access to Anticipated Healthcare approved 	Joshua Jauregui	15 min		Announcement
2	Update: Learning Environment & Clerkship Scheduling	Melinda Frank	10 min		Announcement
3	Approve March Minutes	Joshua Jauregui	5 min	Attachment A	Decision
4	Clinical Integrations Weeks: Structure and Learning Objectives	Jerome Graber	45 min	Attachment B	Decision



1. Policy Changes

Announcement: 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:”

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.

In 2020, UWSOM submitted a status report to the LCME detailing efforts to improve students’ access to healthcare and guidance offered by the school. From this report, UWSOM received an updated rating (*Satisfactory with a Need for Monitoring*). In July 2022 UWSOM’s rating was downgraded to *Unsatisfactory*.

UWSOM’s Academic Affairs office, in collaboration with the Student Committee on Healthcare Access (SCoHA), monitor student satisfaction through surveys. Over the past few years, dissatisfaction with the adequacy of UWSOM’s guidance on accessing healthcare has increased among clinical students. A thematic analysis of student comments revealed common concerns:

- 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 improve guidance and increase student satisfaction:

1. Improve communication to students on how to report resistance and/or retaliation for accessing healthcare in the clinical phases.
2. Revise attendance policy.
3. Improve student access to telehealth services.
4. Improve communication to and faculty development for clinical site faculty.

Number two falls in the purview of the curriculum governance committees. Over the past several months, Academic Affairs administration has been in the process of revising policy language. In March 2023, the Patient Care Phase and Explore & Focus Phase committees approved policy changes that went into effect for the 2023-2024 clinical year (which began on 3/27/2023).

A summary of changes:

- [Attendance & Absentee - Clinical Phase Policy](#): Policy language and procedures for anticipated absences during the clinical phases were simplified.
- [Student Access to Anticipated Healthcare Policy](#): A new policy supporting student wellness and access to healthcare during the clinical phases. All clerkships guarantee time off for anticipated healthcare.



2. Learning Environment & Clerkship Scheduling

Announcement: The Learning Environment team presented background information and an update to the Patient Care Phase committee.

Definitions

- **Learning Environment Team** – Two staff members part of the larger Student Affairs unit who intake individual student concerns and connect them with deans, clerkship directors, department chairs, etc. who have the power to address student concerns.
- **Learning Environment Committee** – A committee consisting of about 40 individuals from across the UW School of Medicine (UWSOM) and UW Medicine (including students). This committee reviews the entire student experience.
- **Learning Environment Steering Committee** – A committee consisting of high-ranking individuals (the Vice Dean for Academic, Rural and Regional Affairs, the Vice Dean for Faculty Development, Chief Medical Officer, Chief Nursing Officer, etc.). This committee reviews both the learning and working environments system-wide.

Update

In 2019, students presented a proposal to the Learning Environment Committee (LEC) requesting UWSOM develop and implement safety changes to support students with marginalized identities. For the last several clinical academic years, LEC has worked with the Associate Dean of Student Affairs and the Registration team to prioritize and support students during the clerkship scheduling process, allowing students to indicate any safety concerns they have rotating in specific communities. The highest number of students utilizing this program was 20. Last year, there were approximately six students.

With recent changes and availability limitations at clerkship sites, schedules have had to change, which has caused concern among students. Moving forward, the Learning Environment Team wants to discuss special cases with the clerkship departments (with the student's permission). Additionally, the team wants to improve communication to the clerkship departments detailing site assignment decisions made in the initial scheduling cycle. The communication would also detail the process for reassigning students (this process has not yet been established).

Committee feedback

- This program should be better communicated to students. Some students go through the LEC, while others reach out to the clerkship director. As communication improves, there will likely be more students utilizing the program. It will be important to set up a process and ensure all students are on the same timeline.
- Curriculum, Student Affairs, and the Learning Environment Team should work together to create one coordinated communication to students about clerkship scheduling.

3. Approve March minutes

Discussion: The committee reviewed the previous minutes.

<input checked="" type="checkbox"/> DECISION REQUIRED? MOVED TO E-VOTE	[7] VOTES FOR	[0] VOTES AGAINST
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Decision: The Patient Care Phase Committee approved the March minutes.



4. Clinical Integrations Weeks: Structure and Learning Objectives

Discussion: Faculty presented the objectives and plan for the Clinical Integration Weeks (the first Clinical Integration Week is scheduled for June 12-22, 2023 for the E-2021 cohort). The proposal will be reviewed and endorsed by the Patient Care Phase Committee and the Explore & Focus Phase Committee in April and reviewed and approved by the Curriculum Committee in May.

The Foundations Integration Weeks' objectives were approved by Curriculum Committee on [June 6, 2022](#):

1. Develop a holistic framework to link basic science knowledge to clinical features of human health and disease.
2. Apply concepts from disparate basic science disciplines to solve clinical problems in order to build clinical reasoning skills.
3. Analyze and improve personal metacognitive skills and awareness to develop strategies to promote effective learning and retention of material throughout the Foundations curriculum.
4. Reflect on professional identity formation and progress as a life-long learner of medicine.

Proposed Clinical Integration Weeks objectives:

1. Develop a holistic framework to link basic science knowledge and knowledge of health disparities to clinical features of human health and disease.
2. Apply concepts from disparate basic science disciplines to solve clinical problems in order to build clinical reasoning skills.
3. Develop and apply holistic and humanistic skills across the lifespan and populations.
4. Reflect on professional identity formation.
5. Practice approaches for self-care, sustainability, and life-long learning for medical students and physicians.

The committee reviewed the detailed plans and schedule. See meeting handouts for details.

<input checked="" type="checkbox"/> DECISION REQUIRED? MOVED TO E-VOTE	[7] VOTES FOR	[] VOTES AGAINST
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Decision: The Patient Care Phase Committee endorsed the Clinical Integrations Weeks' plan and learning objectives:

1. Develop a holistic framework to link basic science knowledge and knowledge of health disparities to clinical features of human health and disease.
2. Apply concepts from disparate basic science disciplines to solve clinical problems in order to build clinical reasoning skills.
3. Develop and apply holistic and humanistic skills across the lifespan and populations.
4. Reflect on professional identity formation.
5. Practice approaches for self-care, sustainability, and life-long learning for medical students and physicians.