EDUCATIONAL QUALITY IMPROVEMENT STRATEGIC PLANNING COMMITTEE

Meeting Minutes

Date & Time: May 2, 2023 PST | 1:00 PM - 2:00 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), Sara Kim (ex-officio), Kellie Engle, Bessie Young, Cindy Hamra, Martin Teintze, Karen Segerson, Kiran Gill

Regrets: David Sherman, Tania Bardyn, Margaret Isaac, Zachary Matsko, Leonida Radford, Sarah Busch

Staff: Jung Lee, Rhea Fagnan, Rachel Liao

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

Committee Business
Meeting Minutes: April 2023 • Previous meeting minutes were approved. **Membership Update:** • The two students, Skyler Smith (Idaho) and Margaret Phillips (Seattle) have accepted and will be joining the committee starting in June! Their orientation will be on Wednesday, May 24th. **EQISP Committee faculty and staff member recruitment plan** • The EQISP Committee will have some upcoming openings as faculty and staff members complete their second terms. • EQISPC will remain a standing committee of the medical school and there will be a call for nominations going out to faculty from the Dean's office for all UWSOM standing committees. The committee will also do a timed outreach as well to try to recruit new members.
EQI Updates

• EQI is offering an exit interview for any outgoing members. If colleagues would like to leave behind some insights regarding their time on the committee, please let us know.
• LCME status reports – we have 4 citations:
    ○ 3.2 Community of Scholars/Research Opportunities
    ○ 5.11 Campus Study and Relaxation Space
    ○ 11.1 Academic Advising
    ○ 12.4 Student Access to Health Care Services

- o EQI is currently in an intense data collection mode across all 4 cohorts. The survey is more extensive this year because we are asking questions around the citations, but we are also establishing accreditation baseline data this year.
  - MS1 data is remarkably already at 30% completion within one week of the survey being released.
  - MS2 data is currently at 47% response rate, which is a bit of a concern as this is lower than the past trends. EQI is trying different strategies to reach students.
  - MS3 data is around 41% and the survey was launched about a month ago.
  - MS4 data is at 37%, which is quite behind compared to normal. However, they are also completing the AAMC GQ survey as well.
  - o EQI sends a thank you to the regional deans for reaching out to students to complete these surveys. The EQI team is also brainstorming different strategies to improve survey response rates.
- Importance of the survey data:
  - o The LCME Status report is due on December 1, 2023. If we can establish positive trends from the data, we can use those as data points. However, we need to demonstrate at least 70% response rate to LCME.
  - o We will use the Fall time as well to further survey students. This way the status reports can hopefully use multiple data points that are trending in the right direction.
  - o Please reach out to students and encourage them to complete the surveys.
- EQI met with all responsible teams to review preliminary data and to refresh interventions. Rachel has created an interactive dashboard for us to be able to review the latest data by campus.
- EQI is revamping and refreshing the way we are doing CQI and are trying to push the boundaries of operational initiatives. There are challenges with the national trend and some of these citations have been going on for 6 years, we are trying to get ahead of the curve. The outcome measure comes down to student satisfaction.
- EQI and the responsible units are using the data to inform our next steps of interventions.
- Data for the DCI will be populated in tables that students themselves will collect through the ISA (Independent Student Analysis), the data will be collected and populated by student leaders. Another data source is the Graduation Questionnaire by AAMC.
- Potential opportunity: it will be important to partner with student leadership throughout the process. There was discussion where it might be helpful to identify students that can be involved in these processes.
  - o Strategies of ways to connect to students and to encourage them to complete these surveys such as:
    - Possibly providing a "compliance award" for students.
    - Sara writes weekly emails to students.
    - Foundations Deans and college faculty are reaching out to students.
- EQI is also getting ready for the self-study process and are launching specified data collection that in the past had been very intense to collect. There has already been a start on prepopulating the DCI so that we are refreshing and updating the instrument, versus starting from scratch.
- Student Assessment: Discussion was held around that there will be more weight put on how students are assessed. For example: implicit bias, how is it taught? Where is it taught? How do we assess students on this? The more narrative assessment we can do, the better. In 2018 there was an assessment rubric around communication skills etc.
  - o Dr. Young discussed how they assess implicit bias based on reflection. It would be helpful to know what the appropriate assessment for this would be.
  - o UWSOM Narrative assessment policy can be found here: https://education.uwmedicine.org/md-program-policies-handbook/narrative-assessment-policy/
  - o Questions were raised if we need to refresh this policy. Dr. Kim will speak with Dr. Allen regarding this.

- o Discussion was held of the importance of students narrating on what they have learned versus a faculty member narrating on the student and their learning. Wherever small group teaching is occurring, there is an expectation of narrative assessment of the students. There was a suggestion to look at the objectives of the course and then coming up with the right assessment method from that. It is important to look at the medical school program objectives and show LCME how each graduating student has met the requirements for the objectives.
  - o Dr. Segerson will share the review she did regarding narrative assessment with Dr. Kim.
  - o Sara and Jung will post a question to the national accreditation list serve regarding recent experiences on the site visit for narrative assessment. What are they focusing on?

Discussion Items

Strategic Priority #1. Governance

- Dr. Potyk synthesized the survey results with a list of "we need to do better" regarding the 8 attributes of good governance.
- There was a homework assignment sent to the committee to review the "EQISP Committee Self-Assessment document" and identify 3 priorities and 1 – 2 action items for each priority.
- Discussion deferred to next meeting.

Strategic Priority #4. Instill a continuous quality improvement culture throughout UWSOM's medical student education program.

- In relation to strategic priority #4, EQI has discussed implementation work through a new CQI committee that will work with Karen Segerson to manage this strategic outcome.
- There was discussion of what this committee would look like:
  - o Ideally the committee would consist of a diverse team of CQI expertise who can think about how to get that stakeholder engagement when it comes to CQI. The desire to have CQI viewed as an assistant to help versus a policing effort was discussed. Listening to stakeholders and scaling this effort up from a small place to develop a shared understanding of CQI best practices would be ideal.
  - o This committee would be able to help educate others and have techniques and quality improvement tools available as resources for other stakeholders. The main idea of this committee is to help institute a culture of CQI throughout the medical school program.
  - o Questions: How the committee would apply the CQI framework in monitoring the outcomes of the CQI strategic plan priorities. This is about more than just LCME, this is about evaluating the strategic plan outcomes as well.
  - o How to bring CQI into all aspects: This is a culture change in both the EDI and CQI worlds. We have made great strides, but the work has been done in the background. When it comes time for the next DCI – we should be able to ask other units what their CQI efforts have been and have them be able to respond in PDSA language, through familiarizing, socializing, and advancing people's thoughts around CQI. The CQI tools exist, we need to utilize them more.
    - ▪ This would be at the institutional level. A group of individuals that could come up to the high level to the degree of which they can make that culture change by creating local momentum. There is lots of institutional learning to be had.
  - o How to make sure this is a culture change versus just checking a set of boxes: How do we ensure we have the resources to implement this correctly? How do we create the driving force to encourage people to embrace this? CQI is about making things better, not just checking boxes.
  - o **Next steps:** Drs. Kim and Segerson will come back with a proposal with more detail for the committee. Including thinking about where this would fit in with the governance structure. It's important to work through the vision and think more about how this committee would work with others. What would it look like if we operationalize CQI and how does this CQI group work with EQISPC?

- If we are more methodical about our work, we can peel back the number of interventions that need to be done. GME discussed about how they try to be strategic and proactive about work versus reactive.

Adjourned: 2:30pm