



Explore & Focus Phase Committee Minutes

Date	June 26, 2023
Time	4:00 – 5:30PM
Co-Chairs	<i>Esther Chung; Joshua Jauregui</i>
Attendees	Academic Chair: <i>Esther Chung</i> ; Executive Chair: <i>Joshua Jauregui</i>
<input type="checkbox"/> QUORUM REACHED:	Voting Members: Esther Chung, Alson Burke, Emily Myers, Matt Cunningham, Sarah Thomson Guests: Mary Sargent, Jordan Kinder, Erin Gunsul, Joshua Jauregui, Karla Kelly, Jung Lee, Kristen Seiler, Lan Nguyen, Margie Trenary, Geoff Jones, Debbie Blackstone, Doug Schaad, Eric Kraus, Julie Bould, Michael Campion, Pam Pentin, Paul Borghansani, Ivan Henson, Claire Sandstrom, Niels Beck, Ruth Sanchez, Sarah Wood, Kellie Engle
Regrets	Voting members: Barb Doty, Mike Spinelli, Nam Tran, Ralph Ermoian, Troy Johnston

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Reminders: <ul style="list-style-type: none"> • Summer break • Next meeting: September 25, 2023 	Esther Chung	3 min		Announcement
2	Debrief: 5/25 Clinical Retreat	Joshua Jauregui	2 min		Announcement
3	Approve May Minutes	Esther Chung	2 min	Attachment A	Decision
5	MS4 Interview Season: Follow-up	Sarah Thomson	15 min	Attachment B	Discussion
4	UWSOM Residency Match Data	Sarah Wood	15 min	Attachment C	Discussion
6	MEDECK 703 Bozeman Sleep Medicine: 2-week Elective	Jay Erickson	10 min	Attachment D	Decision
7	Clinical Assessment Workgroup: Update	Heather McPhillips	15min		Decision
8	Abortion Care Access in the Clinical Phases	Suzanne Allen	20 min		Announcement
9	MEDECK 735 -Gastroenterology at Multicare Rockwood Clinic	Darin Eckert	10 min	Materials available at meeting	Decision



1. Approve May Minutes		
Discussion: The committee makes a motion to approve the May minutes with first and second motion approved. Approval will be sent to E-Vote.		
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Decision:		
2. Debrief Clinical Retreat 5/25		
Discussion: At the end May, a clinical retreat was held with college heads, clinical regional deans, clerkship directors and administrators and curriculum deans and staff for us to work on strategic priorities to work on improved organizational chart. Next will be on October 2 for critical conversations to work on our critical environment. Combined meetings in September, December and May for shared conversations around common issues.		
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Decision:		
3. Interview Season Follow-Up		
Discussion: Update on where students landed with interview season is being presented today. For students number one specialty at end of 2023 interview season, 63% has 11+ interviews and in 2022 71% has 11+ interviews. We saw the most movement with the 20% group of 8-10 interviews in 2023 and 14% with 8-10 interviews in 2022. In 2023 program signaling data, which is the number of signaling or signs sent to specialty which resulted in interview offers – for example, Anesthesiology, students reported they had an average of 3 interviews as reported by 17 students with 5 signals for that specialty (signals differ by specialty). Dermatology reports that interviews will be at programs where students signal.		
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Decision:		
4. UW Residency Match Data		
Discussion: 2023 students who single applied for match is at about 81%. Dual applied is about 13%. Primary care application is at 48%, WWAMI 34% and unmatched, 6%. Primary care determination is IM, Fam MEd, Ped, MED/Peds and occasionally something else combined with those. Match with WWAMI is categorical in WWAMI not Prelim combined with WWAMI. Most common specialties: IM, Fam Med, EM, Anesthesia, Peds have been consistent, year to year. SOAP: Desired specialties of unmatched students: OB/Gyn, surgery, Ortho. Most fields are represented with wide spread. Outcomes of unmatched is majority in match during SOAP to prelim program only. Those who match in primary care with Traditional WWAMI and TRUST and Track and GSO trend does show specialty care with a significant footprint for Track students.		
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5. MEDECK 703 Bozeman Sleep Medicine 2 week elective
Discussion: The committee will approve the elective by E-Vote.



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Decision:		

6.MEDECK 735 Spokane Gastroenterology, 4 weeks Spokane		
<p>Discussion: The committee will approve the elective by E-Vote.</p> <p>Objectives: Take a history, perform a physical examination, and propose a diagnostic work-up and treatment plan for patients with gastrointestinal problems in the inpatient and outpatient settings including gastrointestinal bleeding, inflammatory bowel disease, chronic liver disease, abnormal liver function tests, dysphagia, dyspepsia and anemia. Discuss the capabilities, limitations and complications related to endoscopy in clinical practice List appropriate indications and contraindications for endoscopic procedures</p> <p>Practice Highlights: Students will work with a dynamic group of physicians & physician assistants at t busy inpatient and outpatient gastroenterology practice within the MultiCare System in Spokane, WA. They will perform inpatient consults in the emergency department, ICU and acute care wards and will see patients with both new and chronic GI problems in the clinic. They may also accompany physicians in the endoscopy suite to observe common GI endoscopic procedures.</p> <p>Faculty: Dr. Miguel Ordonez-Castellanos MD- Site Director - this site has hosted numerous UWSOM Spokane Foundations students intermittently for the past 6 years for Elective Specialty Preceptorships. These are short 3-day non-credit elective clinical experiences created to provide interested students with an opportunity for early career exploration. This has been a very popular and rewarding experience for Spokane students</p> <p>See link below for a full roster of staff physicians and APPs in the department who will be involved with teaching students: https://www.multicare.org/location/deaconess-health-education-center/digestive-health-center/</p>		
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Decision:		

7.Clinical Assessment Workgroup		
<p>Discussion: Curriculum embarked on review of clinical assessment in 2023. Started with current assessment system and workgroup decided to limit scope. Out of score is APCs and electives. End goal is new assessment and assessment system in 2025. Driving change is that our grade system is not equitable and clinical grades are not transparent to our students with increasing grade challenges. Group of forty people participated on the workgroup with over 15 hours of meetings and three visiting speakers and a local expert on experience on psychological safety in medical school, residency and fellowship. Meeting one worked on priorities and future meetings worked on values. Dr. Dan Schumaker spoke on</p>		



Competency Based Medical Education. Dr. Hauer talked about UCSF experience moving to Pass/Fail grade system. After initiatives at UCSF they moved to eliminated core clerkships grades, increased focus on direct observation and feedback. Dr. Bob Englander spoke on Entrustable Professional Activities.

The workgroup voted for 78 % Pass/Fail (non grading model) and 69% with EPA based model

Discussion:

What is difference between competency and EPA?

EPAs are framework to organize competencies. If you entrust teenager to change tire – that is EPA. Are they competent to use jack or put on the spare? EPA what you do. Lots of competencies packaged in there. Having competencies in place helps break down sub-components and helps you tell students how to improve for feedback cycle.

What is vision for fourth year and evaluation form?

Committee wanted to focus on required clerkships at this time and not APCs and electives. Evaluation tool for fourth year could be tightened up. If E&F committee wants to endorse, maybe PEAC could take that on.

What is the reason to not move to Pass/Fail in the fourth year if bias exists in grading? UCSF did not find inequities in the fourth year after they switched in the third year. They are not sure why. Do we know how many students get SubIs? Data has been presented.

The Explore & Focus Phase Committee motion to endorse phase 2 for design and implementation of a program for clinical assessment for required clerkships that is pass/fail and uses EPA framework will be sent by E-Vote.

ACTION ITEM: Explore & Focus Committee to discuss form a sub-committee to think about changing E&F assessment to focus on APC and electives to align with new assessment system in fall.

ACTION ITEM: Explore and Focus Committee to present data on Honors in APCS/SubIs in fall

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Decision:

The Explore & Focus Phase Committee motion to endorse phase 2 for design and implementation of a program for clinical assessment for required clerkships that is pass/fail and uses EPA framework. Effective for spring 2025 for class of 2023. Motion for 1st and 2nd was proposed. Vote will be sent by E-Vote.

8.Abortion Care Access in the Clinical Phase

Discussion: In Alaska nothing has changed. Some Transgender laws that will probably go into effect in AK. Abortion is part of the AK constitution so that will remain legal in AK. In WY, similarly there were laws that the superior court in WY has said are unlawful so where that goes is hard to say. Abortion is still legal in state of WY. Similarly in state of MT, they tried to pass laws that because of compentin constitution are likely are still able to provide abortion care in MT. Idaho is the outlier amongst WWAMI state even though there is talk in legislatures have been busy in ID, MT and WY working to pass bills to make abortion illegal after 6 weeks. Idaho had passed several bills in two previous years to Dobbs decisions that went into effect after Dobbs decision came down. Short phase after they tried to figure out what it all means. These two



bills contradict in ways that make it more confusing. Work done with ID medical association and legislature for compromises for most of us that are most concerning for how to care for patients. A couple of pieces that improved, physician can now not be arrested for caring for patient if they have ectopic pregnancy or miscarriage for medical treatment or care. There is room for improvement for times when we have time for elective termination or termination and whether view of elective or not. For example, fetal anomaly not consistent with life and the mother must be sent out of state. Still work in state of ID around termination and a lot of work going on with Idaho Medical Association. In State of WA, registration to improve access. Washington has been a bright spot with desire to train and make sure people have access for full reproductive health care. Students in Idaho do not have opportunity in Treasure Valley in Idaho for termination. Reminder that catholic institution around the 5 states have not been able to participate in termination. The OB department has been working really hard for opportunities for training.

Discussion:

Do same laws apply to medical students? We are still allowed to talk about full options. Physician cannot be arrested for telling them about all options available to them. I can be arrested for telling someone to drive to Oregon because we have a Planned Parenthood office to help you with what you want.

UW Medicine has talking points on abortion care for preceptors. Suzanne will share talking points.

There are few to no abortion providers in the WWAMI areas. The one clinic in Casper WY was the victim of arson so there is no abortion provider in WY and there are very few providers in Montana and Alaska is the same way. Access hasn't changed in 20 years. In Idaho the legislative issues are the trickiest and most frightening.

Transgender care: UWMedicine is working on talking points for transgender care. In Idaho people were able to rotate through the gender affirming care clinic. For older patients they are able to provide care. For younger adolescents, legislation may change.

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