



## Patient Care Phase Committee Minutes

<b>Date</b>	June 12, 2023
<b>Time</b>	4:00 – 5:30PM
<b>Patient Care Co-Chairs</b>	<b>Academic Co-Chair:</b> <i>Kris Calhoun</i> ; <b>Executive Co-Chair:</b> <i>Joshua Jauregui</i>
<b>Attendees</b>	<b>Academic Chair:</b> <i>Kris Calhoun</i> ; <b>Executive Chair:</b> <i>Joshua Jauregui</i>
<input checked="" type="checkbox"/> QUORUM REACHED:	<b>Voting Members:</b> John McCarthy, Jenny Wright, Abena Knight, Devin Sawyer, Paul Borghansani, Kris Calhoun, Matt Cunningham, Evan Johnson
	<b>Guests:</b> Sarah Wood, Sarah Thomson, Heather McPhillips, Sarah Villarreal, MD, Sara Kim, PhD, Vicki Mendiratta, Julie Bould, Karla Kelly
<b>Regrets</b>	<b>Voting members:</b> Leslee Kane, David Horn, Mike Spinelli, Paula Silha, Serena Brewer, Toby Keys

### Agenda

	ITEM	LEAD	TIME	ATTACHMENTS
Reminders:				
<ul style="list-style-type: none"> <li>• Summer break</li> <li>• Next meeting: September 18, 2023</li> </ul>	Joshua Jauregui	5 min		Announcement
Debrief: 5/25 Clinical Retreat	Joshua Jauregui	5 min		Announcement
Approve May Minutes	Kris Calhoun	5 min	Attachment A	Decision
UWSOM Residency Match Data	Sarah Wood	15 min		Discussion
Clinical Assessment Workgroup	Heather McPhillips Joshua Jauregui	30 min	Presentation available at committee meeting	Decision

1. Approve May minutes		
<b>Discussion:</b> The committee reviewed the previous minutes.		
<input checked="" type="checkbox"/> DECISION REQUIRED?	[8] VOTES FOR	[] VOTES AGAINST



**Decision:** The Patient Care Phase Committee approved the May minutes.

2. Announcements

**Discussion:** Shared Patient Care and Explore and Focus Committee Meetings will occur at specific times during the year.

3. Debrief: 5/25 Clinical Retreat Debrief

**Discussion:** We recently had our clinical retreat. with the clinical regional deans, the clerk ships, as well as student affairs, and the colleges. The agenda centered around reflecting on communication and positionality and power within our different roles, and how to work together to collaborate with student issues while bouncing other competing priorities. A strategic priority coming out of the meeting for us is to develop and refine a more robust organizational chart with roles and responsibilities, and who to go to for what and how we work together, so that will be a big priority of our clinical curriculum team over the next year.

4. UWSOM Residency Match Data

Match statistics on the 2023 year match was shared with most of this data compiled or consolidated with the previous 2 years. Comparative application figures. About 80% single apply. In 2023, 48% matched I primary care, 34% in WWAMI and 6% unmatched. Uptick in Primary care and Internal Medicine in 2023. We don't break down, types of internal medicine programs our primary care versus not primary care. Most common specialties for UWSOM Grads has not changed significantly over the past several years (Emergency, Family Medicine, Internal Medicine). Desired Specialties of unmatched UWSOM students has been consistent over the years. "Desired specialties of unmatched UWSOM students" table will be higher than the number of unmatched students, because some of the applicants over the years have dual applied or triple, applied and gone unmatched in both specialties. in terms of outcomes. The most popular outcome is that students will obtain a preliminary position during SOAP. Match figures by Curriculum Type (excludes TRUST/WRITE & Olympia LIC since numbers are too small). Track match rate for specialty care is of notice. Graduating MSTP students are applying into more variety and still in Internal Medicine specialties.

**Discussion:** With assessment changes and Pass/Fail what are some items we should be considering for match? Consider how students can stand out with MSPE and evaluation comments stand out. Highlight competencies and skill sets (EPAs).

5. Clinical Assessment Workgroup Endorsement for Phase 2 Implementation

The workgroup started with the charter of what the group was going to do. There are 42 members including a number of stakeholders, including 13 students of different years and clerkship directors, clerkship administrators, program directors, from all the really highly competitive specialties. We started with our current assessment structure and grading system. as a starting point, and our endpoint was going to be proposing a new assessment and grading system in spring quarter 2025. In scope, was the required clinical clerk ships, and out of scope was electives and SubI's and APC rotations A driver for this work is that here at the University of Washington we have known from really, 2017 28, that our grading system is not



equitable. Actually, we are one of the first schools to publish on this and I think that paper has been referenced when many other schools did their work. How clinical grades are determined is not transparent to many students, and so students are often left sort of wondering what they were graded on, and how they were graded? And was it fair to them as an individual leads to lack of student trust in the grades, so they really aren't able to use their sort of assessments to figure out what they need to work on. It also really puts a lot of pressure on our clerkship directors, our clerkship administrators and our site faculty, because the number of grade challenges are increasing and that is challenging. The students who identify as white achieve more honors in their final grades, and this is over the last 3 years. than other students. Similarly, we have some gender inequities where female students achieve a higher proportion of honors. in every clerkship, with the exception of surgery, where, male students receive a higher portion proportion of honors. We also know from our LCME surveys that students are not using their grades to assess performance. They feel they're extremely subjective and very widely from site to site.

The workgroup had over 15 hours of meetings, which included a meeting in December to sort of kick off, and then a 5 hour meeting in January. we also invited 3 national experts to talk to us about different areas of competency based medical education and and different assessment strategies. Karen Hauer from UCSF talked about their journey. After trying multiple interventions, UCSF eliminated core clerkships grades and increased the focus on direct observation and feedback through workplace based assessments. They maintained Honors in the fourth year. and Bob Englander from Univ of Minnesota about the EPA strategy. Dan Schumaker spoke about Competency Based Medical Education strategies. Dr. Justin Bullock, talked about identity, safety and the learning environment. The first meeting focused on value statements and commitment to anti-racism by a focus on equity and reducing bias in our assessments. And a focus on multiple instruments using a CBME model.

The final workgroup recommendation is 78% in favor of Pass/Fail and 69% in favor of EPA based model.

We do have a natural pilot with the WRITE 2.0 model currently underway.

**Discussion:** Is it possible for the Phase 2 implementation to include the Explore and Focus phase? Work on Explore and Focus could happen at the same time but that wasn't addressed with the work group.

<input checked="" type="checkbox"/> DECISION REQUIRED?	[0] VOTES FOR	[0] VOTES AGAINST
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**Decision: Motion and E-Vote to be sent to voting members**