



Patient Care Phase Committee Minutes

Date October 9, 2023

Time 4:00 – 5:30PM PT

Attendees ***Academic Chair:** Kris Calhoun; **Executive Chair:** Joshua Jauregui*

QUORUM REACHED: ***Voting Members:** Abena Knight, David Horn, Devin Sawyer, Evan Johnson, Jennifer Wright, John McCarthy, Kris Calhoun, Leslee Kane, Matt Cunningham, Mike Spinelli, Paul Borghesani, Paula Silha, Serena Brewer, Toby Keys, Alicia Scribner*

***Guest:** Emmanuel Wright, Kellie Engle, Jerome Graber, Doug Schaad, Eould, Esther Chung, Barb Doty, Christine Ibrahim Rizkall, Eric Kraus, Aendiratta, Sara Fear, Rebekah Burns, Mary Sargent, Sarah Villarreal, el Campion, Margie Trenary, Debbie Blackstone, Megan Osika Dass, Rush, Jung Lee, Kristen Seiler, Gina Franco, Gerald Tolbert, Edith Wang, i Kinder, Carmelita Mason Richardson, Sara Kim*

Regrets ***Voting members:** David Horn, Evan Johnson*

Agenda

	ITEM	LEAD	TIME	ATTACHMENT S	ACTION
1	Approve September minutes	Kris Calhoun	5 min	Attachment A	Decision
2	Clinical Retreat update	Joshua Jauregui	5 min		Discussion
3	Exam Postponement Policy update	Joshua Jauregui and Matt Cunningham	20 min	Attachment B	Discussion and Decision
4	Planetary Health Curriculum Follow up	Joshua Jauregui	20 minutes	Attachment C	Discussion and Decision
5	Step 2 CK Report	Matt Cunningham	20 minutes	Attachment D	Discussion



1. Approve Meeting minutes		
Discussion: The committee reviewed the previous meeting's minutes.		
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Decision: The Patient Care Phase Committee approved the September minutes.		

2. Clinical Retreat Update
<p>Discussion:</p> <p>The committee members were given an update on the Clinical Curriculum Retreats, which aimed to improve the curriculum by addressing challenges such as course approval processes, site availability, and site recruitment and coordination. The retreats also aimed to increase collaboration and partnership with healthcare systems.</p> <p>Twice a year there is a Clinical Curriculum Retreat, bringing together the clinical regional deans, clerkship administrators, administrators, regional administrators, and other groups that work with clinical curriculum together.</p> <p>The goal of the retreat was to address important topics and strategically think about the future. Topics below:</p> <p>Clerkship Availability</p> <ul style="list-style-type: none"> • Grade Challenges • Course Appeal Process • Availability at UW Medicine • Minimize Late Drops • Increase Site Recruitment and Coordinate Collaboration • Partnership with Health Systems <p>The committee was informed of the Step 1 Policy updates and its hopes to minimize late drops. There was also a reboot to departmental meetings with the UWSOM, each department now meets with the Clinical Regional Deans and their administrators to increase collaboration. To increase collaboration, the committee discussed partnering with the new Director of Medical Education with Kaiser Permanente Washington. The retreat focused on the positionality, power, and how collaboration happens with the clinical curriculum, with the goal of producing visual representation of how to work better together.</p>

3. Exam Postponement Policy Update
<p>Discussion: The committee reviewed the Exam Postponement policy and discussed the requested changes. Changes requested are:</p> <ol style="list-style-type: none"> 1. Rename the policy to “rescheduling policy” to be in alignment with similar policies across all phases of medical school. 2. Change the language from personal emergency to medical emergency in the policy statement. 3. Add clarity to the policy’s makeup exams procedures. <p>Discussion:</p> <ol style="list-style-type: none"> 1. Students who request approval request early, (i.e., earlier than 48 hours prior to the exam. When asked for what reason, students request time off for more study, which is not allowable. Students



then resubmit the request within the 48-hour window (or evening before exam in some cases) and are allowed to delay. This becomes challenging for the clerkships to determine how and whether to accommodate and create standard practice.

2. No time for makeup exams on some clerkships.
3. Student feedback is that they do not feel comfortable disclosing the details of why requested time off.

The policy changes address the concerns brought up about what happens with grades of students who delay their exams but don't take rescheduled exam as intended and what happens to their grades when the grades are due. The policy now states:

“Students who delay their exams and do not take them prior to the grade submission deadline will receive a grade of Incomplete for the clerkship until they are able to complete the exam. Students have until the end of the next quarter to complete the exam to get a grade for the clerkship. If that incomplete is not cleared by the end of the next quarter, it converts to a Fail grade for the clerkship. If the student has extenuating circumstances that prevent them from completing the exam by that time, they will need approval from a dean to extend the deadline. Clerkship directors will work with the Assistant Dean for Student Development to determine if such extenuating circumstances exist prior to submitting a Fail grade for the clerkship.”

Concerns were addressed about what is considered “*extenuating circumstances*”, and what are safeguards to ensure students aren't abusing the policy. Ultimately, Student Affairs has the discretion to manage the students who are experiencing these circumstances. Extenuating circumstances should be brought to the Assistant Dean for Student Development's attention, because making the clerkship director responsible for knowing this information would be a conflict of interest. Best practice include:

- Assistant Dean for Student Development check to see if there were any extenuating circumstances before 'Fail Grade' is submitted.
- Course Directors defines the decision to submit 'Fail Grade' as directed by University of Washington Upper Campus.

The committee also addressed the high likelihood of students rescheduling and not taking the exam on their new exam date and the unclarity of how to handle these likely occurrences. Current practices are email correspondence with student who needs to reschedule after they realize conflict with original reschedule date. Once the student explains why they won't be able to take the exam, and the exam is rescheduled a second time.

The committee addresses concerns about students who delay their exam by more than a week, need to be in conversation with the Student Affairs Dean. There was more discussion on future revisions to the policy with Student Affairs Dean, to add clear language to the policy before committee approval. More concerns were addressed about the managing resources and making realistic revisions based on current resources.

The committee addresses concerns about would students fail the exam or entire clerkship with the revisions that were made. Highlighting that students will be failing the entire course, and that those edits will be made to the policy pending motion is passed. Also, adding the word “*acute*” to the policy statement to say “*Students must be present for scheduled examinations, except in the event of acute personal illness or personal/family emergencies. Students who delay the clerkship exam must complete the Clerkship Exam*”



Delay Attestation Form prior to the start of the exam (or as soon as possible if there are extenuating circumstances)".

Concerns were addressed the around future improvements to be made to the possibly, potential changes include:

- More communication from clerkship administrators and directors when students need a second reschedule.
- Process improvements to the after students submit attestation form.
- What happens when student continues to delay their exams.
- Specifying language around the parameters of rescheduling and students maintaining professional responsibilities.
- Adding message from Dean’s office about the need to communicate circumstances before requesting reschedule.

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Decision: The Patient Care Phase Committee approved changes to the Clinical Phase Exam Reschedule Policy with the additions “acute personal illness” added to the policy statement. Also, stating that the if students fail to retake missed exam by the end of the next quarter will get a failure grade for the entire clerkship.

4. Planetary Health Curriculum Follow-Up

Discussion: Discussion:

The Planetary Health Work Group presented their report on integrating planetary health into the medical curriculum. The group recommends that planetary health be a new theme in the curriculum, with a focus on integrating it into all four years and across most domains. The work group proposes that content in planetary health be included in every block and clerkship, with facilitator guides and information for each session to ensure that every block has content in planetary health. The group discussed the challenges of implementing a four-year curriculum for a diverse student body across six campuses.

- History, and risks of climate changes effect on healthcare resources, demographics and facilities were presented to the committee.
- Development of Climate Change awareness into medical school curriculum can provide understanding of risks to human health.
- The UW is a part of the GCCHE who mandates the curricula as well as shares resources and educational opportunities.

Planetary Health Report Card has 5 metrics:

- Curriculum
- Interdisciplinary Research
- Community Outreach and Advocacy
- Support for Student-Led Initiatives
- Sustainability

UW Past Report Cards and Commitments



- 2021 PHRC report: UW SOM scored in the bottom quartile among 62 US Schools of Medicine. Worst score for curriculum metric.
- December 2021: UWSOM Curriculum Committee votes to recognize climate change as an important curriculum aspect, implement in E-22 curriculum and beyond.
- Summer 2022: Charge to create Planetary Health Workgroup

Recommendations:

- Student engagement with planetary health content should be a requirement, rather than a self-driven process. We recommend incorporating planetary health concepts into small group case-based exercises in both the foundational science curriculum and the required Themes in Medicine course.

Four workgroup subgroups developed for curriculum proposal:

1. **Group 1: Philosophy/ Mission Statement**, Develop mission and philosophy statement, learning objectives for Planetary Health curriculum.
2. **Group 2: Review** where climate change and planetary health content currently exists in the required elective curriculum. Identify topic areas in the curriculum where climate change and Planetary Health content could be added or amended to augment sustainable healthcare.

Recommendations

- Excel Database of curriculum elements and gaps with recommendations
 - Recommendations: Make Planetary Health a Theme
 - Blocks: incorporate sessions on planetary health aspects of each block
 - FCM: Teach environmental history (“Social E”), ROP workshop, culinary medicine mentor dinner.
 - Integration Week
 - Medicine Health and Society
 - Pathway Program
 - Clerkships
3. **Group 3: Recommend Assessment Methods.**
Assessment of the Planetary Health Curriculum will be performed to:
 - Establish iterative improvement of the curriculum based on student and faculty feedback.
 - Evaluate student competency with stated curriculum learning and objectives.
 - Ensure approximation to evolving national standards and external metrics (PHRC)
 4. **Group 4: Faculty Education, Recommend how faculty will be recruited and onboarded to teach this content as well as how to integrate and develop Regional Partners.**
 - Renew charge and admin support to begin implementation.
 - Create position and recruit Themes Director (s) to implement and oversee curriculum (0.3 FTE)
 - Engage affiliate faculty at UW and in regions.
 - Faculty development and resource materials



- The excel spreadsheet from Workgroup Subgroup Group 2 was presented and navigated with the committee to help staff use the report.
- Faculty discussed where the curriculum could be incorporated into the current curriculum as well as how to fully integrate the content.
- This planning is potentially for 2024 curriculum.

The Planetary Workgroups overall ask of today's Curriculum Committee is to review and approve the following:

- Mission Statement and Philosophy
- Approval of Learning Objective's
- Making Planetary Health a Theme
- Approve integration of specific curriculum elements into each year-pending final course e.g., with leadership and committees.
- Approve renewed charge to workgroup.

Mission Statement

We believe medical education has an opportunity to address planetary health threat related to human disruptions to Earth's natural systems. The Planetary Health Longitudinal Curriculum will provide medical students with the knowledge and skills to recognize and manage the planetary health consequences facing patients, marginalized communities, and the greater public, to empower future physicians to become leaders in sustainable health care and environmental justice.

Preclinical Learning Objectives

- **Core Content:** Establish a foundation of planetary health knowledge around various exposure pathways.
- **History and Physical Exam Skills:** Introduce a framework for planetary health informed history taking (Social Economics) including how to take environmental history.
- **Planetary Health Communication:** Demonstrate the ability to communicate planetary health topics to different stakeholder groups.
- **Social Vulnerability and Planetary Health: Identify social** determinants of health that makes individuals and communities more vulnerable to planetary health related exposures.
- **Environmental Determinants of Health:** Describe some of the major chemical, biological, and physical factors that affect health status.
- **Community Learning and Social Medicine:** Listen to and engage with local community concerns around planetary health impacts.
- **Healthcare Operations:** Recognize planetary health factors as potential hazards to the delivery of healthcare.
- **Healthcare Systems Decarbonization:** Identify strategies for reducing the carbon footprint of health care delivery, from the hospital setting to the outpatient setting, based on "green health care" principles.

Clinical Learning Objectives

- *Recognize, assess, and address environmental health concerns in different clinical settings.
- *Apply knowledge of planetary health core content to clinical encounters.
- Provide patient centered anticipatory guidance and support for planetary health related content.



- Demonstrate the ability to detect sentinel cases of adverse health outcomes related to environmental factors.
- **Interprofessional Engagement:** Collaborate across specialties and broader health professions to promote health and ensure the continued delivery of care in the face of planetary health.
- **Quality Improvement:** Engage in environmental sustainability and healthcare decarbonizations efforts; support adaptations designed to promote the uninterrupted delivery of healthcare.

Note: The “*” denotes core learning objectives for all students. Other learning objectives are opportunities in electives, clerkships, or pathways.

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Decision: The Patient Care Phase Committee endorses the concept of integrating Planetary Health into required clerkships, including Advanced Patient Care and Sub-internships, as applicable; and endorses moving forward with conversations with course directors of required and elective courses to determine how to best accomplish this, recognizing that some clinical rotations will lend themselves to Planetary Health concepts more than others.

5. Step 2 CK Report

Discussion:

The Committee discussed Step Two results for the calendar year 2022, which showed a high pass rate and comparable scores to the national average. They also discussed the relationship between clerkship exam fails and Step Two scores, indicating that students who struggle with clerkship exams tend to score lower on Step Two, and that performance on standardized tests predicts future performance on standardized tests. A detailed analysis was presented to the committee describing the cohort's performance on Step Two, examining the breakdown of scores by gender and race/ethnicity, as well as the relationship between patient care clerkship grades and Step Two scores.

During the meeting, the group discussed potential revisions to the incomplete policy and the need for clarity and consistency in language. They also discussed the need for a common policy to avoid discrepancies between clerkships and support everyone with a consistent approach.

Concerns were addressed surrounding the drivers of the increase in Step 2 Exam fails. Committee members mention a correlation they noticed between the increase in exam failures and the decoupling of passing the exam from passing the rotation and suggest looking closer at the drivers of exam failure increased numbers.

The committee was presented data showing the exam scores based in the following categories: gender, race, and ethnicity. Scores broken down by gender are equivalent, but scores and pass rates amongst underrepresented in medicine students are on average a little lower than the other groups. Data supports that students who pass all their individual clerkship exams pass step 2 with higher scores than those who fail some of the individual clerkship exams. Data also supports that male students tend to get more pass and fail grades and slightly fewer honors than female students. In addition, underrepresented in medicine (URIM) students tend to get more pass and fail grades and fewer honors than their white peers. Discussion happened regarding the correlation between students' clinical grades and their step 2 exam scores.



In conclusion, evidence supports students who pass all their clerkship exams historically score higher on the Step 2 exam.

DECISION REQUIRED?

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Decision: