



JOINT MEETING MINUTES:
Patient Care Phase Committee and Explore & Focus Phase Committee

Date	December 11, 2023
Time	4:00 – 5:30PM PT
Attendees	Academic Chair: <i>Kristine Calhoun</i> ; Executive Chair: <i>Joshua Jauregui</i>
<input checked="" type="checkbox"/> QUORUM REACHED:	Patient Care Phase Committee Voting Members: <i>Abena Knight, Devin Sawyer, Jennifer Wright, Kris Calhoun, Matt Cunningham, Paul Borghesani, Paula Silha, Toby Keys, Alicia Scribner, Mike Spinelli</i> Guest: Emmanuel Wright, Kellie Engle, Mallory Kester, Jerome Graber, Alexis Rush, Alisa Ulrich-Herr, Debbie Blackstone, Eric Kruas, Carmelita Mason-Richarson, Erich Garland, Gabriel E. Sarah, Geoff Jones, Gerald Tolbert, Gina Franco, Jordan Kinder, Julie Bould, Jung Lee, Karla Kelly, Lena Sibulesky, Margie Trenary, Mary Sargent, Max Keyes, Maya Sardesai, Megan Mast, Megan Osika-Dass, Micheal Champion, Niels Beck, Pam Pentin, RaQuel Harwick, Ruth, Sara Fear, Sara Kim, Sarah Villarreal, Sarah Wood, Schaad, Vicki Mendiratta
Regrets	Patient Care Phase Committee Voting Members: <i>David Horn, Evan Johnson, Leslee Kane, Serena Brewer, Johnson Huang</i>
Attendees	Academic Chair: <i>Esther Chung</i> ; Executive Chair: <i>Joshua Jauregui</i>
<input checked="" type="checkbox"/> QUORUM REACHED:	Explore & Focus Phase Committee Voting Members: <i>Matthew Cunningham, Roger Tatum, Esther Chung, Erich Garland, Barb Doty, Troy Johnston, Micheal Spinelli</i> Guests: Emmanuel Wright, Kellie Engle, Mallory Kester, Jerome Graber, Alexis Rush, Alisa Ulrich-Herr, Debbie Blackstone, Eric Kruas, Carmelita Mason-Richarson, Gabriel E. Sarah, Geoff Jones, Gerald Tolbert, Gina Franco, Jordan Kinder, Julie Bould, Jung Lee, Karla Kelly, Lena Sibulesky, Margie Trenary, Mary Sargent, Max Keyes, Maya Sardesai, Megan Mast, Megan Osika-Dass, Micheal Champion, Niels Beck, Pam Pentin, RaQuel Harwick, Ruth, Sara Fear, Sara Kim, Sarah Villarreal, Sarah Wood, Schaad, Vicki Mendiratta
Regrets	Explore & Focus Phase Committee Voting members: <i>Alson Burke, Mahesh Karandikar, Daniel Robinson, Nam Tran, Ralph Ermoian, Sarah Thomson, Ralph Ermoian</i>

Agenda



	ITEM	LEAD	TIME	ATTACHMENTS	ACTION
1	Welcome to Joint Meeting	Joshua Jauregui	5 Min		Announcement
2	<p>Announcements</p> <p>Explore and Focus: October Meeting Minutes Approved via e-Vote</p> <p>Explore and Focus: New Clerkship OB GYN 619 APC Advanced Gynecology - Spokane</p>	Emmanuel Wright	5 min		Announcement
3	EQI Announcements for LCME Standards	Joshua Jauregui	5 Min	Pending	Announcement
4	Approve Patient Care November Meeting Minutes	Kris Calhoun	5 Min	Attachment A	Decision
5	Approve Explore and Focus Phase November Meeting Minutes	Esther Chung	5 min	Attachment B	Decision
6	<p>Student Absenteeism Workgroup Charge</p> <ul style="list-style-type: none"> • Student Exam Postponement • Request Days Off 	Kris Calhoun	20 Min		Decision
7	Clerkship Communication Policy Sub-Committee Charge	Esther Chung	20 Min	Attachment C	Decision
8	New Clerkship: OB GYN 618 APC Advanced Rural Gynecology - Prosser, WA	Esther Chung/ Vicki Mendiratta	5 Min	Attachment D	Decision
9	Clinical Assessment Workgroup	Joshua Jauregui	20 Min		Discussion



1. Welcome to the Joint Meeting		
<p>Discussion: The committee co-chairs welcomed everyone to the Joint Clinical Phase Committee meeting. Highlighting the benefits of meeting together as a the Clinical Phae Committees. The committee discussed the mission of The University of Washington School of Medicine Medical Student Education Program which is to improve the health of the public by educating inquisitive, compassionate physicians who serve the evolving healthcare needs of diverse individuals while striving for healthcare justice and equity.</p> <p>The goal of the joint meeting is to have a democratic process in which decisions are made by the faculty and the students and the staff in terms of where we go, in terms of democratizing how decisions are made.</p> <p>The hierarchy of the curriculum committee was mentioned, and the Vice Dean of Academic Affairs has the ultimate authority and delegates that authority to the Curriculum Committee which the Both Clinical Phase Committee are subcommittees of. Thus, having joint meetings provides pen discussion, transparency, shared governance, and iterative consensus development.</p>		
<input type="checkbox"/> DECISION REQUIRED?	<input checked="" type="checkbox"/> VOTES FOR	<input type="checkbox"/> VOTES AGAINST
Decision: The Committee Co-Chairs welcomed the attendees of the joint Clinical Phase Committees		

2. Announcements		
<p>Discussion: The following announcements were made to the Committees:</p> <ul style="list-style-type: none"> • The Explore and Focus Phase Committee's October meeting minutes were approved via e-vote. • Approval of new clerkship OBGYN 619, a multi-specialty fourth year advanced patient care course, was also announced. <p>New Clerkship OBGYN 619 APC Advanced Gynecology - Spokane: This clerkship is tailored for students interested in OBGYN careers, providing immersive exposure to various subspecialties such as minimally invasive gynecology surgery, gynecology oncology, reproductive endocrinology, infertility, complex family planning, and urogynecology.</p>		
<input type="checkbox"/> DECISION REQUIRED?	<input checked="" type="checkbox"/> VOTES FOR	<input type="checkbox"/> VOTES AGAINST
<p>Decision: The following announcements were made to the Clinical Phase Committees:</p> <ul style="list-style-type: none"> • The Explore and Focus Phase Committee's October meeting minutes were approved via e-vote. • Approval of new clerkship OBGYN 619, a multi-specialty fourth year advanced patient care course, was also announced. 		

3. EQI Announcements for LCME Standards
<p>Discussion: The committee discussed the upcoming LCME site visit and the preparation for the site visit. The presented a timeline of .data collection in their efforts to keep us accredited. Summarization can be seen below:</p>



<p>1. Acknowledgment of EQI Efforts: The committee acknowledges the contributions to the Educational Quality Improvement (EQI) efforts and maintaining accreditation.</p> <p>2. LCME Accreditation Process Update: The Committee mentions the Liaison Committee on Medical Education (LCME) accreditation review scheduled for March 2026, emphasizing the significance of maintaining accreditation for the medical school. The current focus is on data collection for their self-study, which involves behind-the-scenes work. From January to June, there will be outreach to various clerkships, departments, and individuals within the School of Medicine to gather necessary data for LCME submission.</p> <p>3. Future Collaboration and Planning: The announcement serves as a heads-up for upcoming collaborative work and strategic use of committee meetings for information gathering. The LCME has been notified of UWSOM's preferred site visit dates in March 2026. Clinical leaders are advised to block these dates in anticipation of the official confirmation from LCME. A formal kickoff is planned for the fall, with about 100 faculty, staff, and students, who run their own committees, expected to participate in subcommittees.</p>		
<input type="checkbox"/> DECISION REQUIRED?	<input type="checkbox"/> VOTES FOR	<input type="checkbox"/> VOTES AGAINST
<p>Decision: An announcement was made about the upcoming data collection and needed collaboration to prepare for the upcoming LCME site visit.</p>		

<p>4. Approve Patient Care Meeting minutes</p> <p>Discussion: The Patient Care Phase Committee did not have quorum at the attending voting time, the committee decided to send an e-vote to vote on the approval of the Patient Care November Meeting Minutes</p>		
<input checked="" type="checkbox"/> DECISION REQUIRED?	<input type="checkbox"/> VOTES FOR	<input type="checkbox"/> VOTES AGAINST
<p>Decision: The Patient Care Phase Committee send November Meeting Minutes out for e-Vote.</p>		

<p>5. Approve Explore and Focus Meeting minutes</p> <p>Discussion: The Explore and Focus Phase Committee did not have quorum at the attending voting time, the committee decided to send an e-vote to vote on the approval of the Explore and Focus November Meeting Minutes.</p>		
<input checked="" type="checkbox"/> DECISION REQUIRED?	<input type="checkbox"/> VOTES FOR	<input type="checkbox"/> VOTES AGAINST
<p>Decision: The Explore and Focus Phase Committee send November Meeting Minutes out for e-Vote.</p>		

<p>6. Student Absentee Workgroup Charge</p> <p>Discussion: The committee charging a Student Absenteeism Workgroup which affects both patient care and the Explore and Focus phases of medical education. The school recently implemented new policies regarding test postponements and days off, which have not been fully embraced by all clerkships.</p> <p>The following concerns were addressed regarding the charge of the student absenteeism workgroup.</p> <p>1. Revising the Test Postponement Policy: Concerns arose due to instances of students postponing the same test multiple times, leading to revisions in the test postponement policy. Questions were</p>		
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raised about potentially canceling, keeping, or revising the policy, especially regarding the number of allowable days off.

1. **Possible Abuse of the Policy:** There are concerns that students might be abusing the policy, though no concrete data on student absenteeism from clerkships is available. Data was presented in previous meetings comparing test postponements over the last two clinical years, indicating a significant increase in postponements and students delaying exams multiple times. More concerns were discussed about whether the postponement policy is being used as intended for emergencies or being abused, potentially harming students' education.
2. **Discussion of Policy Impact on Clerkships:** The data showed that all clerkships, except neurosurgery, were affected by the policy change. Surgery and internal medicine clerkships witnessed the most significant increases in postponements.
3. **Addressing the Issue as a Committee:** The committee discussed the necessity of forming a smaller work group to investigate if the current policy is on the right track or if changes are required. The aim is to understand the reasons behind increased test postponements and to ensure the policy's legitimacy and effectiveness.
4. **Future Steps:** The committee hopes to decide on a course of action, potentially assembling a group to delve deeper into the issue and propose solutions, while respecting student privacy and reasons for missing exams.

The committees discussed the impact of student absenteeism and exam postponement. The following topics were discussed on this area of concern:

2. **Formation of a Charged Work Group:** The group proposes forming a charged work group to understand the underlying causes of exam postponements, which often stem from other absenteeism reasons like illness, conference travel, or feeling unprepared.
3. **Complexities of the Situation:** The situation is recognized as complicated, requiring a balance between maintaining clear expectations and supporting students holistically.
4. **Data Analysis and Specific Cohort Issues:** It was mentioned to the committee that the increase in absenteeism around exams in the current E21 student cohort, which is unusual compared to previous cohorts. It was suggested that this may not be a recurring issue but cannot be entirely discounted.
5. **Understanding the Scope of the Issue:** Inquiries were made about the total number of exams to contextualize the data, with confirmation that the postponement rate was about 5% for the most recent exam.
6. **Feedback from Student Affairs:** Questions were asked about any patterns or feedback from Student Affairs. Noting that many of the students who delayed exams more than once were already known to Student Affairs for various reasons, including mental and physical health issues or family-related matters.

These discussions led the committee to talk more about the Exam Postponement Policy and the potential changes that can be made to the policy to help mitigate these occurrences. The following was discussed:

1. **Reasons for Postponement:** The group acknowledges that exam postponements often result from various factors, including illness, conference travel, or unpreparedness, alongside other absenteeism reasons. They support exploring these underlying causes.
2. **Trust in Student Honesty:** The Committee emphasized that students, as future doctors, are trusted to be honest about their reasons for absence, and they should not abuse the policies, but use them



as intended. If students are abusing the policy, professionalism concerns should be raised to track those who show signs of unprofessionalism.

3. **Policy Abuse Concerns:** Concerns were raised about potential abuse of the policy, particularly regarding students using anxiety as a reason for postponement, and the implications for future professional behavior.
4. **Compounding Effects of Stress:** The Committee notes that tough rotations or busy periods can compound stress, leading to physical illness or other issues.
5. **Consideration for More Data:** There's a suggestion to gather another year's worth of data before making significant policy changes, recognizing that students are facing various challenges.
6. **Exam Postponement Data Analysis:** The committee was previously presented data showing increased absenteeism in the current student cohort compared to previous ones, suggesting this may be an unusual trend.
7. **Work Group Formation:** It was suggested to form a work group to further investigate these issues, including student perspectives and the impacts of diversity initiatives on policy needs.
8. **Surgery Clerkship Makeup Policy:** The committee discussed the surgery clerkship's approach to make up for missed days, emphasizing the importance of legitimate reasons for test postponement.
9. **Policy Communication and Fairness:** The group discusses how the policy is communicated to students and its application across clerkships, aiming for fairness and consistency.
10. **Discussion of Attendance and Policy Impact:** The group considers discussing attendance beyond just exam postponement, and how new policies like allowing one day off every two weeks have been functioning in different clerkships.

This discussion led to the discussion on the impact of a new policy regarding student absences in medical education. The discussion went as follows:

1. **Feedback from Various Clerkships:** Faculty members from neurology, family medicine, psychiatry, and other departments shared their experiences with the Attendance and Absence Policy. It has generally worked well, but some noted concerns about students taking days off without detailed explanations, treating them like vacation days.
2. **Policy on Anticipated Absences:** It was clarified that the Student Attendance and Absentee Policy differentiates between healthcare and personal/academic absences. Healthcare absences are guaranteed, while personal/academic ones are discouraged and at the clerkship director's discretion.
3. **Cultural Shift in Absenteeism Post-COVID:** It was noted that a cultural shift since COVID, with less reporting of student absences and a general acceptance of more frequent absences.
4. **Challenges in Policy Implementation:** Committee members/clerkship directors' express difficulties in denying requests for time off, especially when they are last-minute or not for medical reasons. More concerns were raised about the policy's impact on preparing students for residency expectations.
5. **Lack of Student Awareness of Policy:** Observations were made that some students seem unaware of the policy details, leading to last-minute requests for time off.
6. **Issues with Federal Holidays and Additional Time Off:** The committee also discussed the challenges when students take federal holidays plus additional days off, resulting in significant missed clinical time.



7. **Possible Motion for Future Action:** Kristine E. Calhoun suggests a motion to address whether there is a problem with the policy that needs discussing or whether they should continue observing its effects.

Both Clinical Phase Committees motioned, seconded, and had further discussion on the charge of a Student Absenteeism Workgroup. Ultimately, patient voted and approved the charge for the workgroup, while The Explore and Focus Phase Committee did not have quorum during the meeting, so their vote was sent out via e-Vote.

<input checked="" type="checkbox"/> DECISION REQUIRED?	[6] VOTES FOR	[5] VOTES AGAINST
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Decision: The Patient Care Committee approved the charge for a Student Absenteeism Workgroup, and The Explore & Focus Phase Committee sent their vote out via e-Vote.

7. Clerkship Communication Policy Subcommittee Charge

Discussion: The Committee Discussed the need revisions to the Clerkship Communication Guidelines. Originally, the guideline was named a policy, but it was discovered that the policy hadn't been officially voted on by committee, so it was changed to a guideline until it officially passes in a committee vote. The committee discussed the following:

1. **Origin of the Guideline:** It was explained that the guideline originated in 2017 due to students feeling a lack of consistent communication before clerkships. This led to the creation of a policy that was included in the student handbook without formal voting.
2. **Need for Revision:** The Explore and Focus (ENF) Committee recognized the need to closely examine the guideline. It had specific timeframes and expectations for administrative staff and faculty, which prompted some members to start making edits.
3. **Debate Over Guideline or Policy:** There is ongoing debate about whether this should be considered a guideline or a formal policy, with discussions planned to understand the differences between the two.
4. **Formation of a Subcommittee:** A proposal for a subcommittee to work on this guideline is made, especially since it's already in the student handbook and requires timely updating to be fair to those involved in course planning.
5. **Seeking Equitable Modifications:** The committee aims to make modifications to ensure fairness for administrative staff, faculty, and to provide flexibility due to variations across clerkships in both patient care and explore and focus phases.
6. **Contributions and Timeline for Revision:** Thanks are given for suggested revisions made by committee members. The goal is to finalize the revisions quickly, ideally to present them for approval by March.

The discussion highlights the importance of clear and equitable communication guidelines in clerkships, acknowledging the need for swift action to revise and improve the existing guidelines. The Committee also discussed the following:

1. **Nature of Guidelines and Policies:** The EQI team explains that policies provide a framework with courses of action, while guidelines are more like recommendations. The distinction affects how the clerkship team approaches and adheres to these directives.
2. **Process of Formalization:** The Committee discussed the democratic process of decision-making in the school's governance, emphasizing the importance of consistency across clerkships. Suggesting that labeling something as a guideline could dilute this process.



3. **LCME Considerations:** It was mentioned that the Liaison Committee on Medical Education (LCME) uses 'policies' and 'guidelines' interchangeably. Emphasizing the importance of adherence to these directives to avoid issues during LCME accreditation.
4. **Implications of Non-Adherence:** Non-compliance with policies or guidelines could lead to problems with LCME, especially if students are unaware of these directives.
5. **Importance of Clear Communication:** The Committee stresses the need for clear and standardized communication, especially for students coming from different regions. The Committee emphasizes the importance of getting the policy right before presenting it for a final vote.

The discussion highlights the complexities involved in transitioning a guideline to a formal policy, especially considering accreditation requirements and the need for consistency in clerkship communications.

1. **Student Perspective:** Student Committee members share the challenges faced by students in balancing their lives with clerkship requirements, especially regarding communication and housing arrangements for distant clerkships. They highlight the difficulties when communication fails, citing their own experience of arranging housing enroute to a clerkship.
2. **Interplay of Policies:** Its pointed out the interconnection between policies governing adding/dropping clerkships and communication timelines, noting the dynamic and multi-level challenges involved.
3. **Responsibility and Expectations:** It's important to clarify the expectations for both students and sites, acknowledging the diversity in student experiences and the need for clear communication from the start of clinical clerkships.
4. **Faculty Concerns:** Committee members agrees on the need for advanced notice and scheduling but warns about the potential consequences of a rigid policy on volunteer doctors and faculty who are often busy and might struggle to provide advanced notifications consistently.
5. **Resource Variability:** The Committee discussed the varying resources available to departments and individual course directors, which can make advance notice challenging.
6. **Policy Language and Flexibility:** There is a consensus that the policy language should offer flexibility and be framed as a strong recommendation rather than a strict rule.
7. **Formation of a Subgroup:** The Committee proposes forming a subgroup to modify the existing document in the handbook, aiming for a quick turnaround. Several volunteers join the subgroup.
8. **Motion for Subgroup Formation:** The committee invited a motion for the subcommittee with the tentative to go out via e-Vote.

The discussion highlights the need for a practical and flexible approach to policy development, considering the diverse needs and constraints of both students and faculty. Highlighting the importance of clear and timely communication in clerkships, the value of student input in policy development, and the need for clarity in defining and implementing policies or guidelines.

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Decision: The Patient Care Phase Committee voted on the charge of a Clerkship Communication Workgroup and The Explore and Focus Phase Committee will vote on the charge via e-Vote.

8. New Clerkship OB GYN 618 APC Advanced Rural Gynecology - Prosser, WA



Discussion: The committee discussed approving the following agenda item below:

New Clerkship OBGYN 618 APC Advanced Rural Gynecology - Prosser, WA:

- OBGYN 618, located in Prosser, WA, is designed for students eager to practice rural OB-GYN in underserved areas. It offers a hands-on experience with rapidly escalating responsibilities in evaluation and management, including first assisting in the operating room.

The committee discusses the following about the new Clerkship:

1. **Introduction of OBGYN 618:** The presenter introduces OBGYN 618, a rural OB-GYN rotation led by a former WAMI student, now a rural OB-GYN practitioner. The rotation aims to provide students with experience in underserved areas, offering escalating responsibilities in patient care.
2. **Clarification of Clerkship Type:** The Committee clarifies that OBGYN 618 is being presented as an Advanced Patient Care Sub-Internship (APCS), not a sub-internship or elective.
3. **Designation and Requirements:** There is a discussion about whether OBGYN 618 should be classified as an APCS or a sub-internship, with implications for student housing and financial support.
4. **Student Housing Concerns:** A Committee member raises concerns about housing provisions, noting discrepancies in the clerkship form.
5. **Clarification Needed:** Meeting attendees discuss the need to clarify housing and site payment policies for the clerkship.
6. **Vision for the Clerkship:** The presenter envisions OBGYN 618 as an additional experience for fourth-year students interested in OB-GYN, supplementing their primary sub-internship at UW Medical Center.
7. **Administrative Corrections and Voting:** The Committee suggests administrative corrections before putting the clerkship up for an e-vote. The motion includes unchecking the elective box, checking the required course, and clarifying housing provisions.
8. **Motion to Approve:** A motion to approve the clerkship is raised, with a second from a committee member.

The discussion illustrates the complexities of establishing a new clerkship, including its designation, student expectations, and logistical considerations like housing. The committee's collaborative approach is evident in addressing these challenges.

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Decision: The Explore & Focus Phase Committee motioned and seconded the new clerkship with a vote to go out via-e-vote.

9. Clinical Assessment Workgroup

Discussion:

Consensus was made to postpone this agenda item for a later meeting due to lack of time to address topic.

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Decision: The committee decided to postpone agenda item for future meeting.