

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

Date	February 12, 2024		
Time	4:00 – 5:30PM PT		
Attendees  ☑ QUORUM REACHED:	Academic Chair: Kris Calhoun; Executive Chair: Joshua Jauregui Patient Care Phase Committee Voting Members: Joshua Jauregui, Abena Knight, Devin Sawyer, Jennifer Wright, Matt Cunningham, Mike Spinelli, Paula Silha, Toby keys, Alicia Scribner		
	Guests: Ruth Sanchez, Kellie Engle, Esther Chung, Frank Batcha, Dan Robinson, Robin Scott, Micheal Campion, Alexis rush, Amanda Kost, Amy Detori, Carmelita Richardson, Debbie Blackstone, Dan Robinson, Edith Wang, Eric Kraus, Erik Malmberg, Gabriel Sarah, Geoff Jones, Heather McPhillips, John's iPhone, Julie Bond, Karla Kelly, Kristen Seiler, Lena Sibulesky, Margie Trenary, Megan Mast, Megan Osika-Dass, Nadejda Bespalova, Ralph Ermoian, Robin Scott, Sara Fear, Sara Thomson, Sarah Wood, Schaad, Vicki's iPhone, Claire Sandstorm		
Regrets	Patient Care Phase Committee Voting members: Kris Calhoun, David Hor Evan Johnson, john McCarthy, Jesse Tonkinson, Leslee Kane, Paul Borghesani, Serena Brewer, Johnson Huang		
Attendees  ☑ QUORUM REACHED:	Academic Chair: Esther Chung; Executive Chair: Joshua Jauregui Explore & Focus Phase Committee Voting Members: Joshua Jauregui, Esther Chung, Matt Cunningham, Dan Robinson, Mike Spinelli, Ralph Ermoian, Sarah Thomson		
	Guests: Emmanuel Wright, Ruth Sanchez, Kellie Engle, Frank Batcha, Alicia Scribner, Robin Scott, Micheal Campion, Alexis rush, Amanda Kost, Amy Detori, Carmelita Richardson, Debbie Blackstone, Edith Wang, Eric Kraus, Erik Malmberg, Gabriel Sarah, Geoff Jones, Heather McPhillips, John's iPhone, Julie Bond, Karla Kelly, Kristen Seiler, Lena Sibulesky, Margie Trenary, Megan Mast, Nadejda Bespalova, Robin Scott, Sara Fear, Sarah Wood, Schaad, Vicki's iPhone, Abena Knight, Devin Sawyer, Jenny Wright, Paula Silha, Toby Keys, Alicia Scribner		
Regrets	Explore & Focus Phase Committee Voting members: Alson Burke, Barb Doty, Emily Myers, Mahesh Karandikar, Nam Tran, Roger Tatum, Troy Johnston, Erich Garland		

Agenda



	ITEM	LEAD	TIME	ATTACHMENTS	ACTION
1	Approve January minutes	Kris Calhoun	5 min	Attachment A	Decision
2	Approve January minutes	Esther Chung	5 min	Attachment B	Decision
3	Explore and Focus Phase APC/Elective Assessment Form	Esther Chung	20 Min	Attachment C	Decision
4	WRITE 2.0/ WRITE Clerkship Update and Approval of Changes	Frank Batcha	20 Min	Attachment D	Decision
5	Clerkship Communication Policy	Eric Kraus	20 Min	Attachment E	Decision
6	Summary of Clerkship Review	Joshua Jauregui	10 Min	Attachment F	Discussion
7	Clinical Assessment Workgroup Update: Phase 2	Joshua Jauregui	5 Min	Attachment G	Discussion



Approve Patient Care Meeting minutes			
<b>Discussion:</b> The <b>Patient Care C</b> ommittee reviewed the previous meeting's minutes. But there was lack of			
quorum at the meeting, so the committee will vote on the meeting minutes through e-Vote.			
☑ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST	
<b>Decision:</b> The Patient Care Committee reviewed the previous meeting's minutes. But there was lack of			
guorum at the meeting, so the committee will vote on the meeting minutes through e-Vote.			

2. Approve Explore and Focus Meeting minutes			
<b>Discussion:</b> The Explore and Focus Phase Committee reviewed the previous meeting's minutes. But there			
was lack of quorum at the meeting, so the committee will vote on the meeting minutes through e-Vote.			
☑ DECISION REQUIRED? [] VOTES FOR [] VOTES AGAIN			
<b>Decision:</b> The Explore and Focus Phase Committee reviewed the previous meeting's minutes. But there			
was lack of quorum at the meeting, so the committee will vote on the meeting minutes through e-Vote.			

# 3. Explore and Focus Phase APC/Elective Assessment Form

Discussion: The summary reflects on the evaluation tools used in both the Explore and Focus phases and the Patient Care phase, addressing the committee's discussions on streamlining the evaluation process, enhancing feedback quality, and ensuring consistency across different phases. The discussions covered a wide range of topics, including:

- Introduction and assessment of new tools for the Patient Care phase, focusing on grading, scoring, and anchored measurements, aiming for a comprehensive evaluation of student performance.
- Considerations for streamlining language across evaluation forms to improve clarity, reduce redundancy, and ensure ease of use across different phases and departments.
- Debates on the evaluation of professionalism, with a focus on finding a balance between binary choices and providing nuanced feedback that captures the complexity of professional behavior.
- The proposal for minor adjustments to the evaluation forms for the upcoming academic year, aiming to update language and maintain consistency across phases, with a longer-term view of implementing more significant changes based on feedback and evolving educational objectives.
- Specific feedback from committee members highlighted the importance of detailed, skill-based comments in evaluations. Concerns were raised about the current format of professionalism questions and the effectiveness of Likert scales and question stems in capturing meaningful evaluations of student skills and behaviors.
- The consensus on proceeding with minor changes to the evaluation forms was reached, with plans for further discussions with departmental leads to refine these adjustments.

The committee's discussions reflect a careful consideration of the needs and challenges associated with			
evaluating student performance across different phases of their education. The emphasis is on improving			
the evaluation process to provide meaningful, actionable feedback to students while also ensuring that the			
evaluation tools are user-friendly for evaluators and consistent across various educational phases.			
☑ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST	
<b>Decision:</b> The committee's discussions reflect a careful consideration of the needs and challenges			
associated with evaluating student performance across different phases of their education. The consensus			



on proceeding with minor changes to the evaluation forms was reached, with plans for further discussions with departmental leads to refine these adjustments.

## 4. WRITE 2.0/ WRITE Clerkship Update and Approval of Changes

**Discussion:** In a recent committee meeting, various aspects of the evaluation tools and practices used in medical education were thoroughly discussed. The committee aimed to address concerns raised by both students and preceptors regarding the current evaluation system, focusing on workplace-based assessments (WBAs), Entrustable Professional Activities (EPAs), and the overall fairness and effectiveness of these methods. The discussion led to the proposal of several changes aimed at simplifying the evaluation process, ensuring equity across evaluations, and enhancing the clarity and relevance of feedback provided to students. Below are the details of the suggested changes and the concerns that prompted these recommendations, highlighting the committee's commitment to continuous improvement in medical education evaluation practices.

# **Suggested Changes**

## 1. Removal of Policy for Shelf Exams:

• Proposal to strike the policy that limits the highest attainable grade to "pass" if a student fails any shelf exam, making clinical grading not contingent upon shelf exam scores.

## 2. Workplace-Based Assessments for EPA 13:

Suggestion to require only two WBAs for EPA 13 by the end of the MedLIC 2 phase, instead
of requiring WBAs in all four patient realms.

#### 3. Revision of Ottawa Entrustment Scale Wording:

 Recommendation to revise the wording to "I was available just in case and I doublechecked your work" to reflect actual supervision levels.

#### 4. Elimination of Feedback Forms Requirement during OCPs:

 Consideration to eliminate the requirement for students to submit feedback forms during oral case presentations due to sufficient engagement and real-time feedback.

# 5. Uniform Entrustability Level Across EPAs:

• Discussion on making the entrustability level uniform across all EPAs for simplicity, with a preference for level 4 as the target for demonstrating entrustability.

#### **Concerns Raised**

# 1. Complexity and Fairness of WBAs:

• Concerns about the complexity and perceived fairness of workplace-based assessments and their impact on student perceptions.

#### 2. Effectiveness of WBAs:

 Questions regarding the effectiveness of WBAs in providing timely, actionable, and unbiased feedback.

## 3. Timeliness of Feedback:

Challenges with ensuring timely feedback from preceptors using an online tool for WBAs.

#### 4. Improvements in Evaluation Process:

• The need for improvements to enhance student understanding and satisfaction with the evaluation process.

#### 5. Simplification of Evaluation System:



• The potential benefits of making entrustability levels uniform across all EPAs to reduce cognitive load and simplify the system.

These summarized points delineate the specific changes proposed to address the concerns raised during the committee discussion, focusing on refining the evaluation process in medical education to be more effective, equitable, and understandable for both students and preceptors.

☑ DECISION REQUIRED? [] VOTES FOR [] VOTES AGAINST

Decision: The Committee motioned to approve the WRITE clerkship changes in two sections, separating the agenda item into 2 votes. The first vote will be for the approval of the minor changes to the WRITE clerkships and the other is for the EPA changes.

# 5. Clerkship Communication Policy

#### • Discussion:

n a comprehensive discussion held by the committee, key topics were addressed surrounding the complexities and challenges involved in preparing students for their clerkships. This conversation aimed to ensure that students are adequately prepared and informed from the first day of their clerkship, covering both the third-year patient care and Explore and Focus elective clerkships. The committee explored various aspects, including student credentialing, the timeliness of communication, absentee and attendance policies, and the importance of clear, advance scheduling to meet students' personal and healthcare needs. The focus was on facilitating a smooth and well-informed entry into clerkships for students, acknowledging the varying requirements across different clerkships and sites.

#### Credentialing Challenges:

- The need for effective communication between the clerkship administrators and sites to ensure timely student credentialing.
- Recognizing that credentialing requirements vary significantly across clerkships and sites.

### • Communication Timeliness:

- Emphasizing the importance of students not leaving tasks until the last minute and acknowledging that administrators work within business hours, not during nights or weekends.
- Encouraging students to ask questions well in advance to avoid any last-minute complications.

## Absentee and Attendance Policy:

- The necessity for students to notify the clerkship of any time-off needs at least 6 weeks in advance to accommodate scheduling requirements without missing critical clerkship components.
- Including considerations for healthcare access needs and disability resource needs within this notification requirement.

# • Scheduling Concerns:

- The challenge of providing students with their schedules in advance, particularly due to the variability in scheduling practices among different clerkships and sites.
- The compromise that while efforts will be made to provide schedules ahead of time, it may not always be feasible, and schedules might only be available on the first day of the rotation.



# • Healthcare Needs and Accommodations:

- Acknowledging student feedback regarding the desire for schedules in advance to plan for healthcare appointments and personal commitments.
- The need to balance student requests for advance scheduling with the operational realities of clerkship and site administrators.

The discussion concluded with a motion to approve the discussed policy changes, incorporating minor adjustments suggested during the discussion. These changes aim to enhance the clarity, fairness, and effectiveness of the credentialing and scheduling processes, with a central focus on supporting students' needs and ensuring a smooth transition into their clerkships. This collaborative effort reflects the committee's commitment to continuous improvement and the well-being of students as they advance through their medical education.

through their medical education.			
☑ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST	
<b>Decision:</b> The discussion concluded with a motion to approve the discussed policy changes, incorporating			
minor adjustments suggested during the discussion. The Committee will decide on the new Clerkship			
Communication Policy via e-Vote.			

6. Summary of Clerkship Review			
<b>Discussion:</b> The committees decided to table this agenda item until a future meeting.			
☑ DECISION REQUIRED?	[] VOTES AGAINST		
<b>Decision:</b> The committees decided to table this conversation until a future meeting.			

7. Clinical Assessment Workgroup Update: Phase 2			
<b>Discussion:</b> The committees decided to table this conversation until a future meeting.			
☑ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST	
<b>Decision:</b> The committees decided to table this conversation until a future meeting.			