



Patient Care Phase Committee Minutes

Date	March 11, 2024
Time	4:00 – 5:30PM PT
Attendees	Academic Chair: Kris Calhoun; Executive Chair: Joshua Jauregui
<input checked="" type="checkbox"/> QUORUM REACHED:	Voting Members: Joshua Jauregui, Kris Calhoun, Devin Sawyer, Jennifer Wright, John McCarthy, Jesse Tonkinson, matt Cunningham, Mike Spinelli, Serena Brewer, Toby Keys, Alicia Scribner
	Guests: Carmelita Richardson, Raquel Harwick, Alexis Rush, Debbie Blackstone, Edith Wang, Esther Chung, Eric Kraus, Geoffry Scott Jones, Jordan Kinder, Julie Bould, Jung Lee, Karla Kelly, Kellie Engle, Kristen Seiler, Margie Trenary, Mary Sargent, Megan Mast, Meghan Osika-Dass, Micheal Champion, Nadejda Bespalova, Sarah Wood, Sara Kim, Vicki Mendiratta, Heather McPhillips, Doug Schaad
Regrets	Voting members: Abena Knight, David Horn, Evan Johnson, Leslee Kane, Paul Borghesani, Paula Silha, Johnson Huang

Agenda

	ITEM	LEAD	TIME	ATTACHMENTS	ACTION
1	Announcement The Following Items Passed via e-Vote January Meeting Minutes Clerkship Communication Policy Write Clerkship Updates and Approval of Changes	Emmanuel Wright	5 Min		Announcement
2	Approve February Meeting Minutes	Kris Calhoun	5 Min	Attachment A	Decision
3	Summary of Clerkship Review	Joshua Jauregui	20 Min		Discussion
4	Surgery Clerkship Review	Kris Calhoun	5 Min	Attachment B	Decision
5	Clinical Assessment Workgroup Update: Phase 2	Joshua Jauregui	20 Min		Discussion
6	Patient Care OSCE Reports	Kris Calhoun	20 Min	Attachment D	Discussion



1. Announcements		
Discussion: The Committee was announced that the following e-Votes has passed:		
<ol style="list-style-type: none"> 1. Annuary Meeting Minutes 2. Clerkship Communication Policy 3. WRITE Clerkship Updates and Approval of Changes 		
<input type="checkbox"/> DECISION REQUIRED?	<input type="checkbox"/> VOTES FOR	<input type="checkbox"/> VOTES AGAINST
Decision: The Patient Care Phase Committee announced the e-Votes from the February have passed.		

2. Approve Meeting minutes		
Discussion: The committee reviewed the previous meeting's minutes.		
<input checked="" type="checkbox"/> DECISION REQUIRED?	[11] VOTES FOR	<input type="checkbox"/> VOTES AGAINST
Decision: The Patient Care Phase Committee approved the February minutes.		

3. Summary of Clerkship Review		
<p>Discussion: The Committee engaged in a thorough discussion about the clerkship review process, incorporating feedback and improvements based on the LCME requirements. The meeting delved into the revised review process, which now occurs annually for each required clerkship in the patient care phase, aimed at presenting a summary of reviews to the committee and approving significant changes.</p> <p>Questions</p> <ul style="list-style-type: none"> • How can the curriculum better support students who struggle with USMLE Step 1, despite performing well academically? • What are the early predictors within the curriculum for identifying students who might struggle with USMLE Step 1? <p>Resolutions for Questions</p> <ul style="list-style-type: none"> • Recognize that external factors such as family issues, medical conditions, and mental health can significantly impact students' performance on USMLE Step 1. Providing holistic support systems for students is essential. • Continuous improvement efforts, including identifying early predictors of students who may struggle with USMLE Step 1, are crucial. Engaging with learning specialists and foundation deans to support students proactively is a key strategy. <p>Conclusion</p> <p>The discussion emphasized the necessity of regular reviews and improvements in the clerkship review process to ensure compliance with LCME accreditation standards and to address areas of growth identified through student evaluations. The Committee highlighted the importance of faculty teaching and residency teaching as strong aspects of the medical education program, while also acknowledging areas for growth such as evaluation methods and clerkship site recruitment and retention. Proposed changes for the upcoming academic years were discussed, emphasizing the importance of committee approval in these processes to maintain high standards in medical education.</p>		
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Decision: The Patient Care Phase Committee was presented the Summary of Clerkship Review		



4. Surgery Clerkship Review

Discussion: The committee discussed updating the Midpoint Clerkship Feedback form to enhance the clarity and usefulness of student evaluations. The revision includes a three-tier assessment scale and a disclaimer about the non-guarantee of final grades based on midpoint feedback. This adjustment aims to alleviate previous issues where students contested their final grades by referencing their midpoint evaluations. The enhancement is anticipated to offer more detailed and actionable feedback, moving towards a more transparent and supportive assessment mechanism. This reflects the committee's commitment to continuously improving educational outcomes and ensuring fair and comprehensive evaluations for students in their clinical phases.

Questions and Concerns:

- The committee discussed the implications of including "Exceeds Expectations" as a category in evaluations and its subjectivity.
- Concerns were raised about the potential for the revised feedback form to still be used in grade disputes by students, despite the added disclaimer.

Resolutions for Concerns:

- After deliberation, it was decided to retain the "Exceeds Expectations" category to acknowledge outstanding performance, despite its subjectivity.
- The committee agreed that the disclaimer on the feedback form, stating that the evaluation is not a guarantee of final grades, is a critical addition that would help set appropriate expectations and mitigate grade disputes.

Conclusion: The committee's decision to update the Midpoint Clerkship Feedback form, including a nuanced assessment scale and a disclaimer about final grades, aims at refining the feedback process. This change is expected to enhance the transparency and effectiveness of student evaluations, addressing previous challenges related to grade disputes. The discussion reflects the committee's ongoing dedication to improving the educational experience by ensuring fair, detailed, and actionable evaluations for students during their clinical rotations.

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Decision: The Patient Care Phase Committee approved Surgery Midpoint Clerkship Feedback Form.

5. Clinical Assessment Workgroup Update: Phase 2

Discussion: The committee discussed an update regarding the clinical assessment change, aiming to transition to a Pass/Fail model using Entrustable Professional Activities (EPAs). The prepare phase involved engaging various stakeholders and forming a work group that decided on this new direction. The design and build phase for 2023-2024 focuses on creating specific subgroups to address different elements of the new assessment system, including workplace-based assessments, milestones, clinical competency committees, systems, and technology, APCS and electives, and educator development.

Questions and Concerns

- **Integration of Faculty and Site Directors:** Concerns were raised about ensuring faculty and site directors, especially those in regional areas, are involved and informed about the changes. The importance of not appearing as if the changes are dictated from the "ivory tower" was highlighted.
- **Student Involvement and Input:** The need for student participation in the process was emphasized, with a suggestion for more student representation in the work groups.



- **Communicating Changes:** The committee discussed the importance of over-communicating the changes to ensure all stakeholders, including students affected by the transition period, are well-informed.
- **Technology Implementation:** Questions were raised about how technology will support the new assessment methods and the interaction between different subgroups to ensure cohesive planning and implementation.

Resolutions for Concerns

- **Engaging Regional Faculty:** It was suggested to include a segment on the upcoming changes during faculty development sessions in regional sites like Cheyenne to invite participation and input.
- **Student Engagement:** It was agreed that student input is vital, and efforts will be made to include more student voices in the planning process, particularly to address concerns about maintaining motivation across all clerkships.
- **Stakeholder Communication:** Plans were discussed to keep various stakeholders, including students transitioning during the grading system change, well-informed through clear communication strategies.
- **Subgroup Coordination:** The importance of ensuring the different subgroups work in tandem and share insights was acknowledged, with technology playing a critical role in facilitating the new assessment model.

Conclusion

The committee underscored the importance of thorough planning, stakeholder engagement, and clear communication as critical to the successful implementation of the new clinical assessment system. Efforts will be made to involve faculty from regional sites, ensure student participation, and facilitate coordination among subgroups to address technology and assessment methods comprehensively.

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Decision: The Patient Care Phase Committee was presented the Clinical Assessment Workgroup Update: Phase 2

6. Patient Care OSCE Report

Discussion: The committee discussed updates and outcomes related to the Objective Standardized Clinical Examination (OSCE) program. With changes to staffing and the introduction of a new format designed to assess curriculum strengths and weaknesses, the program aims to offer more frequent and representative assessments of students' clinical skills. The committee reviewed performance across three key touchpoints in the OSCE cycle: Foundations Year 1, Foundations Year 2, and Patient Care, noting a slight uptick in students requiring development in all phases compared to previous years. The upcoming changes to the OSCE format, alongside efforts to recruit a new program manager, were highlighted as significant steps toward enhancing the evaluative processes within the medical education curriculum.

Questions and Concerns:

- Discussion on the slight increase in students needing development across all OSCE phases.
- Queries about how the new OSCE format will address curriculum assessment and student feedback.

Resolutions for Concerns:

- It was agreed that the trend of increased development needs warrants further monitoring and might reflect adjustments due to the new OSCE format.



- The committee endorsed the new OSCE format, aiming for a more detailed curriculum assessment and responsive student skill development.

Conclusion: The committee's discussion on the OSCE program underscored a commitment to refining clinical skills assessment and curriculum evaluation. The introduction of a new OSCE format and the recruitment of a dedicated program manager are poised to enhance the program's efficacy and responsiveness to both curriculum needs and student development. By focusing on comprehensive and frequent evaluations, the committee aims to foster a more adaptive and supportive learning environment for students, ensuring their preparedness for clinical challenges.

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Decision: The Patient Care Phase Committee was presented the Patient Care OSCE Report.