Patient Care Phase Committee Minutes

Date	June 10, 2024
Time	4:00 – 5:30PM PT
Attendees ☒ QUORUM REACHED:	*Academic Chair: Kris Calhoun; Executive Chair: Joshua Jauregui* ***Voting Members:*** *Kris Calhoun, Abena Knight, Devin Sawyer, Jennifer Wright, John McCarthy, Matt Cunningham, Mike Spinelli, Paul Borghesani, Serena Brewer, Toby Keys, Alicia Scribner* ***Guests****: Emmanuel Wright, Vicki Mendiratta, Teresa Borrenpohl, Doug Schaad, Sarah Wood, Sara Fear, OBGYN Clerkship, Neha Deshpande, Nadejda, Bespalova, Micheal Campion, Meghan Filer, Meghan, Osika-Dass, Mary Sargent, Margie Trenary, Kristen Seiler, Kellie Engle, Jung Lee, Julie Bond, Jordan Kinder, Jerome Graber, Heather McPhillips, Gina Franco, Gerald Tolbert, Geoff Jones, Eric Kraus, Esther Chung, Carmelita Richardson, Bekah Burns, Alexis Rush, Sylvia Zavatchen*
Regrets	***Voting members:*** *Evan Johnson, Jesse Tonkinson, Leslee Kane, Paula Silha, Johnson Huang*

Agenda

	ITEM	LEAD	TIME	ATTACHMENTS	ACTION
1	Approve May Minutes	Kris Calhoun	5 Min	Attachment A	Decision
2	Bylaw Update Announcement	Emmanuel Wright	5 Min	Attachment B	Announcement
3	Incomplete Policy for the UWSOM Clinical Phase	Joshua Jauregui	10 Min	Available at Meeting	Decision
4	USMLE Step 2 Report	Matt Cunningham	20 Min	Attachment D	Discussion
5	AAMC Residency Readiness Survey	Matt Cunningham	15 Min	Attachment E	Discussion
6	UWSOM Residency Match Data	Sarah Wood	10 Min	Available at Meeting	Discussion

7	CQI Priorities for Curriculum Committee EQI	Sara Kim /Jung Lee	15 Min	Attachment G	Discussion
8	Clinical Encounters for Patient Care	Meghan Filer	10 Min	Attachment H	Discussion

1. Approve Meeting minutes
Discussion: The committee reviewed the previous meeting's minutes.

☒ DECISION REQUIRED?	[9] VOTES FOR	[0] VOTES AGAINST
Decision: The Patient Care Phase Committee approved the May minutes.		

2. Bylaw Update Announcement

Discussion:
The Committee discussed the following changes that were made to the Patient Care Phase Committee bylaws.
 	
1. **Co-Chair Terms and Recruitment**:
    o **Term Duration**: The term for the academic co-chair has been extended to three years. Previously, it was two years with an option to renew for another two years. This change aims to provide more time to learn the role and increase continuity.
    o **Recruitment and Onboarding**: Recruitment will start in September, with onboarding beginning in January of the academic co-chair's third year.
    o **Eligibility for Nomination**: Previously, one had to serve at least one year on the committee before being eligible to apply or self-nominate for academic co-chair. Now, eligibility begins within the first year of committee service.
    o **Vacating Faculty Seat**: The academic co-chair will vacate their faculty seat upon election.
2. **Faculty Membership Changes**:
    o **Disbandment of Themes Committee**: The Themes Committee was disbanded at the May Curriculum Committee meeting. To ensure themes representation, a Themes/Medicine, Health, and Society working group member will be on each committee.
    o **Clerkship Directors**: These positions are now ex officio (non-voting) seats for both clinical phase committees, with a focus on patient care.
    o **Administrative and Staff Seats**: Two seats have been added for administration and staff.
    o **General Faculty Members**: There will be 11 general faculty members, non-specific to any particular faculty category.
3. **Student Membership Changes**:
    o **Number of Student Members**: Increased from three to four student members.
    o **Term Duration**: Student members will serve two-year terms.
    o **Diversity Focus in Recruitment**: Recruitment will focus on diversity, including campus location and identity.
    o **Election Process**: The election process has been adjusted to accommodate the increased number of student members.
    o **Phase Committee Transition**: Student members from the Patient Care Phase Committee will transition into the Explore Focus Phase Committee after completing their term in the Patient Care Phase Committee.
4. **Clarifications and Additional Points**:
    o **Faculty Nomination**: Any faculty member, including clerkship directors and site directors, can self-nominate or be nominated by others.
    o **Clerkship Directors' Role**: Clerkship directors will be on the distribution list to ensure their inclusion in discussions, emphasizing the importance of their input.

These changes are being presented at phase committees, with the Curriculum Committee expected to vote on the changes and bylaws by the end of June through an electronic vote, allowing time for thorough review.

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3. Incomplete Policy for the UWSOM Clinical Phase

Discussion:

The Committee Discussed updates to the incomplete policy, emphasizing the need to refine and develop a more specific policy for the School of Medicine. The key points included aligning with the University of Washington's general policies, addressing the unique structure of clerkships, and ensuring clarity and consistency in the policy language.

Key Changes and Points

- **Alignment with University Policies:** The incomplete grade policy must adhere to the University of Washington's regulations but can be tailored to fit the School of Medicine's calendar and needs.
- **Clerkship Timing:** The proposed changes consider the timing of clerkships, suggesting that an incomplete can be granted if a student has done satisfactory work up until the last 5-7 days of a clerkship.
- **Grading Practices:** Current policy requires that an incomplete be converted to a passing grade by the next quarter in residence, or it defaults to a fail grade unless an extension is approved by the Dean's office.
- **Student Support:** There is a need for concrete guidelines to reduce ambiguity for both students and clerkship directors, with a focus on minimizing stress and ensuring clear criteria for granting incompletes.
- **Administrative Process:** The development of an online form or process for requesting and approving incompletes, involving clerkship directors and student affairs, is being considered.

Committee Feedback

- **Concrete and Clear Policy:** Emphasis on making the policy as specific and unambiguous as possible to alleviate stress for students and faculty.
- **Consideration of Timing:** Agreement on using calendar days (7 days) rather than business days to account for the medical field's weekend operations.
- **Student Experience:** Acknowledgment of the challenges faced by students in managing incompletes and the importance of timely communication and support.
- **Peer Support Proposal:** Suggestion to establish a peer support system where experienced students can guide those currently dealing with incompletes.
- **Coordination with Student Affairs:** Ensuring that student affairs has the resources and processes in place to support students effectively during their incomplete periods.

Conclusion

The Committee Discussed refining the incomplete policy to better align with the unique needs of the School of Medicine. The updates aim to provide clarity, reduce ambiguity, and support students effectively. The proposed changes include specific criteria for granting incompletes, considerations for clerkship timing, and the development of a structured administrative process. Additionally, the idea of a peer support system for students dealing with incompletes was introduced, highlighting the importance of comprehensive support for student success. The next steps involve drafting the updated policy for committee review and feedback.

4. USMLE Step 2 Report

Discussion:

The Committee Discussed the 2023 Step 2 CK results, analyzing performance data from various student cohorts and identifying trends over the past five years. Overall, the school's mean scores and pass rates were on par with national averages, and several specific factors influencing student performance were highlighted.

Key Findings

- **Overall Performance:** The mean scores and pass rates for Step 2 CK were consistent with national averages, with only one failure recorded in 2023.
- **Cohort Analysis:** Most students who took Step 2 CK in 2023 were from the 2020 entry cohort. There was no significant performance difference between students in their expected cohort and those who were out of sequence.
- **Foundations Campus Performance:** There was no discernible pattern indicating that performance varied based on the foundation's campus.
- **WRITE Program:** Students in the WRITE program showed no appreciable differences in their Step 2 CK scores compared to non-WRITE students.
- **Clerkship Exam Performance:** Students who failed one or more clerkship exams generally scored lower on Step 2 CK.
  - **Correlation with Step 1:** Students who failed Step 1 were more likely to fail a clerkship exam.
- **Demographic Analysis:** There were no significant gender differences in Step 2 CK scores. However, students who identified as underrepresented in medicine scored lower on average compared to their peers.
- **Honors and Pass/Fail Grades:** There was a positive correlation between the number of honors grades in clerkships and higher Step 2 CK scores, while a higher number of pass/fail grades correlated with lower Step 2 CK scores.

Predictors of Step 2 CK Performance

- **Strong Predictors:** The average score of clerkship exams, the sum of honors grades, and the foundations block average were strong predictors of Step 2 CK scores.
- **Less Significant Predictors:** The pass/fail status of Step 1 and the sum of pass/fail grades were not statistically significant predictors.

Conclusion

The analysis of the 2023 Step 2 CK results indicates that overall performance is consistent with national averages. Key predictors of success on Step 2 CK include performance on clerkship exams and the accumulation of honors grades. There are noted disparities in performance based on race and ethnicity, highlighting areas for further support and intervention. The findings will inform ongoing efforts to support student success and address any systemic issues contributing to performance disparities.

5. AAMC Residency Readiness Survey

Discussion:

The Committee Discussed a report on survey data from Residency program directors regarding the performance of interns from the 2023 graduating class. This survey, conducted by the WAMC, collects feedback from Residency program directors about interns after their first six months, aiming to assess how well medical school graduates are performing in their initial Residency period.

Key Findings

- **Survey Coverage:** Out of 271 graduates, surveys were sent for 243, and responses were received for 158 graduates, resulting in a 65% response rate.
- **Overall Performance:**
  - Graduates generally met or exceeded expectations, with very few failing to meet overall performance expectations.
  - The overall performance of graduates is comparable to national averages.
- **Performance by Specialty:** The response rates and performance evaluations were broken down by specialty, showing no significant deviations from national averages.
- **Detailed Evaluation Items:**
  - The survey includes 17 rating items covering professionalism, patient care, communication, and system-based practice.
  - Most graduates met or exceeded expectations in these areas, with very few failing to meet them.
  - Specific areas where some graduates failed to meet expectations included admitting errors, accepting responsibility for personal development, and performing tasks in an organized and timely manner.
- **Correlation of Survey Results with Medical School Performance:**
  - There is interest in exploring whether the survey results correlate with the graduates' performance in medical school.
  - The survey data is not anonymous, allowing for the identification of individual students and potential matching with their medical school performance data.
- **Professionalism and Longitudinal Development:**
  - Many of the areas where graduates failed to meet expectations are related to professionalism, which is often better assessed longitudinally across clerkships.

Future Steps

- **Data Analysis:**
  - The committee will look into whether there are any patterns or signals in the survey data that correlate with medical school performance, considering both students who struggled and those who performed well despite any previous challenges.
  - A proactive approach will be taken to analyze this data comprehensively and fairly.
- **Support Mechanisms:**
  - Efforts will be made to improve support for students in developing professionalism skills, recognizing that these issues are often identified across multiple clerkships.
  - The new assessment system will be designed to provide additional support for students needing help in these areas.

Conclusion

The survey data indicates that the vast majority of graduates are performing well in their Residencies, meeting or exceeding expectations at rates comparable to national averages. However, a small subset of graduates struggles with specific professionalism and organizational skills. Moving forward, the committee

will analyze the correlation between medical school performance and Residency survey results and implement support mechanisms to help students develop essential professionalism skills longitudinally. This approach aims to ensure that all graduates are well-prepared for their Residency programs.

6.   UWSOM Residency Match Data

Discussion:
The Committee Discussed the data on primary care matching, WAMI region matches, and unmatched graduates over the past three years, as well as the impact of new Residency application systems and processes.

Key Findings
- **Primary Care Matching and WAMI Region:**
  - Matching in primary care specialties (family medicine, internal medicine, pediatrics) is fairly consistent, with a correlation between increased primary care percentages and matches within the WAMI region.
  - Matching within the WAMI region includes categorical or advanced programs but excludes prelim-only positions.
- **Most Common Specialties:**
  - The most commonly matched specialties include internal medicine, family medicine, pediatrics, and emergency medicine. Radiology and ophthalmology are increasing in popularity.
  - Due to new Residency application systems, accurate application data is no longer available.
- **Unmatched Graduates:**
  - Most unmatched graduates secure prelim positions during the SOAP process.
  - Some students secure full categorical positions post-SOAP or after graduation.
  - Some students intentionally rank prelim positions as backups, which affects how they are counted in the data.
- **Curriculum Type and Match Data:**
  - Data is broken down by traditional WAMI experience, TRUST, WRITE, and MSTP students.
  - WRITE 2 program data will start impacting figures in the coming years.
  - TRUST and WRITE programs show diverse specialty outcomes, while MSTP students have a narrower range of specialty choices.
- **Impact of New Application Systems:**
  - New Residency application systems and signaling processes are influencing the application and match landscape.
  - The ERAS system has been revised, and many specialties now use signaling to indicate top program choices.
  - The WAMC's partnership with Thalamus for interviews may provide more detailed data and impact the application process.

Future Considerations
- **Continued Monitoring:**
  - The committee will continue to monitor the impact of new application systems and signaling on match outcomes.

- o The introduction of WRITE 2 program data will be closely watched to see how it affects match rates and specialty choices.
- **Support for Unmatched Students:**
  - o Emphasis will be placed on understanding and supporting students who go unmatched, especially those who use prelim positions as a strategic backup.
  - o Analyzing patterns and outcomes for unmatched students will help improve support and guidance.
- **Impact of Professionalism:**
  - o Recognizing that professionalism issues are often identified across multiple clerkships, efforts will be made to enhance support in this area through the new assessment system.

Conclusion

The data reflects consistent primary care and WAMI region matching rates, with internal medicine, family medicine, and pediatrics being the most common specialties. New Residency application systems and signaling processes are impacting match outcomes, and continued monitoring and support for unmatched students are essential. The introduction of WRITE 2 program data and enhanced professionalism support will be key focus areas moving forward.

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7. CQI Priorities for Curriculum Committee from EQI

Discussion:

The Committees discussed the roadmap to the 2026 LCME site visit, emphasizing the need for continuous improvement and compliance across various standards. This discussion highlighted past citations from 2010 and 2018, particularly focusing on student mistreatment, an issue that remains unresolved despite various initiatives. The LCME's critique noted, "The school has implemented a variety of initiatives to address high reported rates of medical student mistreatment, but with no improvement to date," underscoring the urgency of effective resolution strategies.

For clinical education, the LCME emphasizes the importance of a supportive clinical learning environment, clear clerkship objectives, consistent medical student teaching, assessment, supervision, and comprehensive program evaluation and management. In preparation for the site visit, a detailed timeline has been set, starting with confirming the site visit date by March 2024, launching self-study committees by September 2024, and initiating an independent student analysis survey by October 2024. This timeline is crucial for ensuring all preparation phases are systematically addressed.

Additionally, a new 10-question survey for Clerkship Directors is planned to better understand and evaluate the learning environments and the effectiveness of current practices in meeting LCME standards. This survey will be instrumental in gathering necessary data to guide improvements.

Questions

- How can the monitoring of clinical experiences be improved to avoid past issues such as insufficient documentation?
- What steps are needed to better document and track formative assessments and feedback in alignment with clerkship objectives?
- How can faculty development programs be enhanced to meet LCME standards for clinical education?

- What mechanisms are in place to ensure all faculty who teach are properly appointed and meet LCME standards?
- How will conflicts of interest in student assessments and healthcare provisions be managed and transparently reported?

Resolutions for Questions
- Plans were made to establish robust monitoring systems for clinical experiences to address and rectify previous citations related to the oversight of required clinical experiences.
- Emphasis was placed on documenting formative assessments and ensuring that feedback is tied directly to clerkship objectives to meet the LCME's focus on educational alignment and effectiveness.
- Faculty development programs are to be revised to ensure that all teaching staff are adequately prepared and informed about their roles, particularly in providing feedback and assessing student performance according to clerkship objectives.
- The Committee discussed ensuring all faculty appointments are formally documented and that these appointments comply with LCME standards, as past citations have highlighted gaps in this area.
- Conflict of interest policies are under review to ensure proper management and transparency, with plans to implement mechanisms that allow for the prospective and retrospective identification of conflicts in student assessments and healthcare settings.

Conclusion

The Committee's discussion highlighted the urgency of addressing long-standing issues such as student mistreatment and compliance with LCME standards in clinical education. The self-study committees play a crucial role in these improvements, focusing on ensuring that all aspects of the medical program—from faculty preparation to curriculum assessment—are aligned with LCME requirements. The introduction of the 10-question survey for Clerkship Directors will help collect vital data to assess and enhance the educational environment. These efforts are essential in maintaining accreditation and improving educational outcomes for medical students. The detailed timeline ensures that all preparation phases for the LCME site visit are systematically addressed, allowing for thorough readiness and compliance verification.

8. Clinical Encounters for Patient Care

Discussion:

The Committee Discussed the data on clinical encounters for students over the past two academic years, 2022-2023 and 2023-2024. Insights were provided into the completion rates and the use of alternative methods for logging clinical encounters across various departments.

Key Findings
- **Completion Rates:**
  - Across both academic years, the completion rates for clinical encounters were consistently high, with most departments maintaining rates above 97%.
- **Alternative Methods Usage:**
  - Students can log their clinical encounters as observed, participated, or through alternative methods. The goal is to keep the use of alternative methods below 25%.
  - For 2022-2023:

- All departments, including family medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery, maintained alternative methods usage well below 25%.
- The only exception was surgery, which had higher usage for certain diagnoses but still managed to keep it around the threshold.
  - For 2023-2024:
    - All departments continued to keep alternative methods usage below 25%.
    - Surgery showed a significant decrease in the use of alternative methods, maintaining compliance with the set threshold.

Future Considerations
- **Threshold Adjustment:**
  - The LCME has updated the threshold for alternative methods usage from 25% to 20%. Future reports will need to reflect this change to ensure continued compliance.
- **Longitudinal Clerkships:**
  - The committee discussed the potential need to include longitudinal clerkships in future evaluations of clinical encounters. This area might be explored further, and follow-up on the feasibility and plans for this inclusion will be provided.

Conclusion

The data presented indicates strong compliance with clinical encounter logging requirements, with high completion rates and controlled use of alternative methods. This reflects the collaborative efforts between various departments and the curriculum team to ensure students are meeting their clinical education requirements effectively. Moving forward, adjustments will be made to align with the updated LCME threshold, and considerations will be given to include longitudinal clerkships in the analysis to provide a comprehensive overview of student clinical experiences.