



Explore and Focus Committee Minutes

Date October 21, 2024

Time 4:00 – 5:30PM PT

Attendees **Explore and Focus Phase Committee: Academic Co-Chair: Esther Chung;**
Executive Chair: Joshua Jauregui

QUORUM REACHED:

Voting members: Hanna Ahuja, , Kayla Cayton, Vanncy Crookes, Matt Cunningham, Erich Garland, Ivan Henson, Eric Kraus, , Colton Kray, Nadia Marnani, Emily Myers, Sarah Thomson.

Guests; Niels Beck, Debbie Blackstone, Paul Borghansani, Kris Calhoun, Kellie Engle, Jessica Erdeza, Sara Fear, Megan Filer, Alisa Ulrich Herrera, Geoff Jones, Jung Lee, Eric Malmberg, Megan Mast, Heather McPhillips, Susan Merel, Pam Pentin, Ruth Sanchez, Claire Sandstrom, Mary Sargent, Doug Schaad, Kristen Seiler, Mike Spinelli.

Regrets **Voting Members:** Ashley Amick, Gina Campelia, Barb Doty, Ralph Ermoian, Troy Johnston, Mahesh Karandikar, Daniel Robinson, Roger Tatum, Nam Tran, Jenny Wright.

AGENDA

	ITEM	LEAD	TIME	ATTACHMENTS	ACTION
1	Introduce New Committee Members	Joshua Jauregui	5 min		Announcement
2	Approve September Meeting minutes	Esther Chung	5 Min	Attachment A	Decision
3	MEDECK 681, Pulmonary Critical Care, WY	Dr. Rager Geringer	10 Min	Attachment B	Decision
4	Incomplete Policy	Joshua Jauregui	15 Min	Attachment C	Decision
5	Explore and Focus EOP Report	Matt Cunningham	25 Min	Attachment at mtg	Discussion
6	APC Evaluation Mid-Clerkship Feedback	Esther Chung	25 Min	Attachment at mtg	Discussion



1. Introduce New Committee Members		
New committee members were welcomed to the Explore and Focus Phase Committee.		
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Decision:		

2. Approve Meeting Minutes, September 23, 2024		
Minutes for September 23 Explore and Focus meeting were motioned for approval and seconded. EVote will be sent to voting members to approve the minutes.		
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Decision:		

3. MEDECK 681 Pulmonary Critical Care WY		
<p>The Committee Discussed the introduction of MEDECK 681, a new elective course aimed at providing students with comprehensive exposure to pulmonary care across various settings, including inpatient consults, critical care, and outpatient pulmonary clinics. This course is unique in offering students the opportunity to experience these three areas together, which are typically separate at other teaching sites. A minor clerical error in the course description was identified and addressed during the meeting.</p> <p>Questions:</p> <ul style="list-style-type: none"> • Why is this course being introduced as an elective rather than an Advanced Patient Care (APC) course? • What is the correct course duration, as there appears to be an inconsistency in the current description? <p>Resolutions:</p> <ul style="list-style-type: none"> • The course is starting as an elective to allow for a smooth implementation, ensuring that the educational and logistical elements are well-supported before considering a transition to an APC designation. This approach provides flexibility, particularly as there are a limited number of educators available at the site. • The inconsistency in the course duration will be corrected. The structure is designed to be flexible, allowing students to experience pulmonary clinic, inpatient consults, and ICU work. The committee will ensure that the description accurately reflects this, and adjustments will be made to clarify the timeline. <p>Conclusion:</p> <p>The committee expressed confidence in MEDECK 681, recognizing it as a valuable addition to the curriculum that will provide students with a diverse and integrated pulmonary care experience. Minor adjustments to the course description will be made to ensure clarity, and the course will remain an elective for the time being to guarantee smooth operation and appropriate student support.</p>		



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Decision: The committee motioned and seconded the motion to approve this new clerkship. The committee will make the final decision by e-vote due to lack of quorum.

4. Incomplete Policy

Discussion: The incomplete policy for the clinical phases has been discussed at the clerkship huddle. The policy is based on the UW Scholastic Regulations on Incomplete in Chapter 110 of the UW policy guide. The SOM clerkships lengths do not comply with the UW quarter start and end dates. We have approval from UW Registrar to develop a unique incomplete policy for the SOM.

Changes that have been made:

Feedback was provided about whether students are required to initiate a incomplete and what is the process when students are unable to request an incomplete themselves because they are hospitalized or otherwise incapacitated. The policy includes a statement noting that a clerkship can initiate a incomplete. Secondly, deadlines for completion will be set with consideration of the student's overall schedule and other academic responsibilities. And, lastly, language is included to allow for autonomy within the clerkships since there may be variety in how much time students can miss based on the specific clerkship. "Incomplete is appropriate only when enough work has been completed at an acceptable level of performance such that student can complete the remaining work without repeating the clerkship."

Discussion: How to handle a situation If a student did not complete work and is not responsive to the clerkship director? Clerkship Directors can reach out to Dr. Jauregui and/or Dr. Sardesai who may have more information about the situation. If the student responds and it is possible to make up the work prior to the end of the clerkship, that is ideal. If there is an emergency, the clerkship director can assign an incomplete and the student can turn in work. If the student has not requested an incomplete or is unresponsive, the grade can be based on the work completed by the grade deadline.

The Incomplete Policy for Clinical Phases was approved at the Patient Care Committee.

First motion and second motions were accepted and E-Vote will be sent to voting committee members.

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Decision: The committee motioned and seconded the motion to approve the updates to the Incomplete Policy. The committee will decide by e-vote due to lack of quorum.

5. Explore and Focus End of Phase Report

The Committee reviewed the Explore and Focus End of Phase report and reviewed exam scores and grading for required clerkships (Neurology, Neurosurgery, and Emergency Medicine) during the Explore & Focus phase. Student grades through spring quarter are on the MSPE (Medical Student Performance Evaluation). Exam scores in neurosurgery have shown improvement over time. Passing the subject exam, which is set at the 30th percentile, is a graduation requirement. If a student fails the exam, they must retake and pass the exam to graduate. A positive downward trend in exam failures was noted.



Explore & Focus phase exams assess students in fewer domains compared to earlier phases, focusing on patient care, interpersonal and communication skills, and practice-based learning. Overall, students are performing well in these areas. Student feedback on clerkships is collected via evaluations, and students are now asked if they experienced difficulties being excused for healthcare services during rotations. In Advanced Patient Care (APC) clerkships and sub-internships (sub-I), E20 student demographics show most students are concentrated in Medicine, Surgery, and Psychiatry. A higher percentage of students in APC clerkships receive honors compared to those in patient care clerkships. Assessment items show that students score higher in communication, relationships, and professionalism, with slightly lower scores in medical knowledge. These trends are consistent across departments, with orthopedic clerkships showing the lowest ratings. However, the number of students in orthopedic rotations is smaller, which may affect the average. Mid-clerkship feedback remains a focus for improvement during the Explore & Focus phase.

Questions:

- Do performance data and grading differ across clinical sites and foundation campuses?
- How does the distribution of honors grades vary by site in required clerkships and APCs?
- What factors contribute to grading inconsistencies across different clinical sites?
- How can the committee continue to improve mid-clerkship feedback and address disparities across different rotations?

Resolutions:

- The committee reviewed grading and performance across clinical sites. While performance data across sites are not currently analyzed in detail for the Explore & Focus phase, Step 2 scores show no differences across foundation campuses, indicating equitable preparation across sites.
- In required clerkships, each department receives a detailed breakout of clinical grades by site during their annual reviews. Grade distribution does vary across sites, but these differences are often due to factors such as the number of students and the structure of rotations (e.g., one instructor versus multiple instructors and residents). When grading inconsistencies arise, the data is reviewed and discussed with clerkship directors.
- While it is difficult to directly compare clinical sites due to variations in student numbers and instructor-to-student ratios, ongoing monitoring helps ensure fairness. The committee will continue working on strategies to improve grading consistency across sites.

Conclusion:

The committee continues to see positive trends in exam performance and grading in both required clerkships and APC clerkships. While site-based differences exist in grading distributions, there is no significant impact on student performance on national exams (Step 2). Efforts to improve mid-clerkship feedback and address grading disparities across sites will remain a priority. The committee will continue to monitor site-based performance data and collaborate with clerkship directors to ensure fair and consistent assessments across all locations.

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Decision:

6. APC Evaluation Mid Clerkship Feedback

The Committee Discussed feedback from Advanced Patient Care (APC) clerkships and sub-internships (sub-I), highlighting student evaluations and performance across departments. The APC Director reviewed



trends and scores from the 2022–2023 and 2023–2024 academic years, showing high ratings overall, especially in key areas like hands-on experiences, teamwork, and professional development. The committee emphasized the importance of mid-clerkship feedback, which showed slight improvement, and noted that primary responsibility and team integration remain core principles of APCs and sub-Is. Students highly value practical experiences, even in specialized fields like radiology, anesthesiology, and psychiatry.

Questions:

- Can more two-week electives be introduced to increase opportunities for students, particularly in high-demand specialties like renal and pulmonary medicine?
- How can the program balance increasing demands on clinical sites with the need to provide diverse and high-quality clerkship experiences?

Resolutions:

- APC courses are designed as four-week rotations due to the level of independence required, which is not feasible in a two-week format. While two-week electives are available in some departments, their effectiveness is limited, and there is an emphasis on maintaining the quality of student experiences over shorter durations.
- Flexibility remains in elective design, and departments are encouraged to offer options where possible. Students also have the option of creating "special assignment electives" to tailor their education based on individual interests and needs.

Conclusion:

The committee recognizes the ongoing challenges in balancing student demand with available clinical resources, particularly as competition for clinical sites increases. However, student feedback remains highly positive across departments, especially in areas involving practical, hands-on learning. The committee will continue working with department leads to explore ways to increase flexibility in scheduling and maintain high standards in clerkship education. Mid-clerkship feedback remains an area for ongoing improvement, and the committee is committed to enhancing student learning experiences through more direct engagement and clear expectations.

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Decision: