

Date	October 14, 2024
Time	4:00 – 5:30PM PT
Attendees	Patient Care Committee: Academic Chair: Kris Calhoun; Executive Chair:
QUORUM REACHED:	Joshua Jauregui
	 Voting Members: Kris Calhoun, Matt Cunningham, Amy Dettori, Megan Glenski, Max Keyes, Toby Keys, John McCarthy, Haley Pang, Rylie Pilon, Michael Santiago, Alicia Scribner, Lena Sibulesky, Devin Sawyer, Judi Sullivan, Jenny Wright Guests: Serena Brewer, Nadejda Bespalova, Teresa Borrenphol, Bekah Burns, Michael Campion, Kellie Engle, Sara Fear, Doug Franzen, Gina Franco, Jerome Graber RaQuel Harwick, Geoff Jones, Karla Kelly, Eric Kraus, Jung Lee, Vicki Mendiratta, Alexis Rush, Doug Schaad, Mary Sargent, Kristen Seiler, Margie Trenary.
Regrets	Voting members: Paul Borghansani, David Horn, Karen McDonough, Paula Silha

Patient Care Phase Committee Minutes

AGENDA

	ITEM	LEAD	TIME	ATTACHME NT	ACTION
1.	Welcome New Committee Members	Joshua Jauregui	10 Min		Announcement
2.	Department Recognition	Kris Calhoun	10 Min		Announcement
3.	Approve September Meeting Minutes	Kris Calhoun	5 Min	Attachment A	Decision
4.	WRITE Site Application – Shelton WA	Devin Sawyer	10 Min	Attachment B	Decision
5.	Incomplete Policy	Joshua Jauregui	15 Min	Attachment C	Decision
6.	Patient Care Absence form pilot	Jenny Wright, Vicki Mendiratta, Kris Calhoun	15 Min		Discussion



1. Welcome to the New Committee Members for Academic Year 2024-2025 The Committee introduced members ratified by the Curriculum Committee.

2. Department Recognition

Proposal to highlight department best practices and structure for education programs to take actionable items back to their clerkships. As example, Surgery took an example of structuring their clerkship program based on Neurology's approach and secured additional resources. Discussion: Is it best to discuss best practices at Committee meeting or clerkship huddle? It is variable who attends the clerkship huddle. One model which works well is the advisors meetings where themes are developed and discussed. Contact Dr. Calhoun if you are interested in this idea.

ACTION: Contact Dr. Kris Calhoun (calhounk@uw.edu) if you are interested in highlighting department best practices series.

3. Approve September Meeting Minutes				
The Committee reviewed and approved the meeting minutes from September 16, 2024.				
☑ DECISION REQUIRED?	[14] VOTES FOR	[0] VOTES AGAINST		
Decision: First and second motion approved September 16, 2024 meeting minutes.				

4. WRITE Site Application, Shelton WA

Discussion: WRITE clerkship in Shelton,WA has been one year in the making. WRITE combines, internal medicine, family medicine, pediatrics, psychiatry and women's health. Shelton is proposed for a WRITE only opportunity for a foundations student to apply into. Shelton is a small town with a critical access hospital and has historically have not had a great many of students. A new outpatient clinic now exists and the clerkship director has energy to recruit to the practice. Dr. Sawyer conducted a site visit and feels Shelton will be a high quality WRITE site. No room for inpatient rotations at this time and the site will blend Psychiatry and women's health. No support for 3 weeks of OBGYN but that could happen in the future. Vast majority of family docs are doing women's health and no OB. There is enough opportunity without OB. A separate 3 week experience for OB would need to developed.

Discussion: how will student selection for this location work? Foundation students will apply for this primary care WRITE opportunity if they didn't apply for the TRUST program before matriculation. About 7 sites are WRITE stand alone sites and do not host TRUST students for the three-year program. Is there any



interest in pairing with surgery? St. Peters surgery works with the Olympia LIC students and those slots are filled.

☑ DECISION REQUIRED?	[14] VOTES FOR	[0] VOTES AGAINST	
Decision: Frist and second motion approved to establish WRITE site in Shelton WA.			

5. Incomplete Policy

The incomplete policy for the clinical phases has been discussed at the huddle and in the Explore and Focus committee. 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.

Clerkship directors can initiate the assignment of an incomplete grade without a student request if the student has yet to complete all coursework by the end date of the clerkship. This is reserved for students who are hospitalized or otherwise incapacitated.

Explore and Focus provided feedback to request the explicit call out that we support student schedules toward a path to graduation in the fourth year, as much as possible. Deadlines for completion will be set with consideration of the student's overall schedule and other academic responsibilities.

Eligibility: After feedback, the option which was most favored is that the "incomplete designation is appropriate only when enough work has been completed at an acceptable level of performance such that the student can complete the remaining work without repeating the entire clerkship."

Discussion: what is a reasonable amount of time that a student can miss without having to repeat the entire clerkship? Varied from two days to 50% of the clerkship. The challenge is to capture all of that variability. Recommendation to follow up on last paragraph and clarify approval for leave of absence and registrar drop.

☑ DECISION REQUIRED?	[11] VOTES FOR	[] VOTES AGAINST		
Decision: First and second motion approved Clinical Phase Incomplete policy.				

6. Patient Care Absence Form

Discussion: Internal Medicine clerkship created a form for absence tracking before and during the clerkship. The goal is to understand absenteeism and know who is out and when. Secondly from a safety standpoint it is important to know the location of students. Internal Medicine created a form which is present on the website and introduced to students at orientation. For appointments scheduled ahead of time and excused days, students are asked to fill out the form. Basic information about dates and type of absence is requested. Form is then returned to the clerkship contact. In summer quarter there were 50 absence requests and some for more than one day. One third of students requested a personal day. Another third requested absence for personal illness. The form is being shared with sites in Internal Medicine for their use.



Surgery initiated the use of a form and had 4 or 5 requests. Surgery revised the language around reflection on time off.

Obstetrics also initiated a form and has had a few forms submitted.

Students are sometimes surprised at the required six week notice for personal days off. Currently, the school doesn't have historical data on requested days off. If there is a request to understand historical data and track longitudinal moving forward, the process to gather data and analyze previous data would have to be developed.

Discussion: if a form is developed for all clerkships, where should the form live? (now in Internal Medicine). Data is distributed to clerkships by Internal Medicine. Expanding the pilot to all clerkships would be positive from the student point of view to ease understanding of how to request absence. Students on the committee agreed to review the form and provide feedback.

ACTION: Propose that clerkships institute a form and report back in six months to understand the scope. Dr. Wright will email the clerkship directors with a link to the form.