



Patient Care Phase and Explore and Focus Committee Minutes

Date	November 18, 2024
Time	4:00 – 5:30PM PT
Attendees	Patient Care Committee: <i>Academic Chair: Kris Calhoun; Executive Chair: Joshua Jauregui</i>
<input checked="" type="checkbox"/> QUORUM REACHED: Patient Care Committee.	<i>Voting Members: See below</i>
Regrets	<i>Voting members: See below</i>
Attendees	Explore and Focus Phase Committee: <i>Academic Co-Chair: Esther Chung; Executive Chair: Joshua Jauregui</i>
<input type="checkbox"/> QUORUM REACHED: Explore and Focus Phase Committee.	
Regrets	<i>Voting Members See below</i>
Guests: Patient Care and Explore and Focus Committee	Niels Beck, Nadejda Bespoalova, Teresa Borrenpohl, Neha Deshpande, Sara Fear, Megan Filer, Doug Franzen, Gina Franco, Jerome Graber, Sara Kim, Jordan Kinder, Jung Lee, Carmelita Mason Richardson, Erik Malmberg, Paul Massey, Meghan Mast, Shakti Matta,, John McCarthy, Heather McPhillips, Vicki Mendiratta Lan Nguyen, Donna Painchaud, Pam Pentin, Darryl Potyk, Alexis Rush, Ruth Sanchez, Claire Sandstrom, Mary Sargent, Doug Schaad, Lena Sibulesky, Margie Trenary, Kellie Engle

Patient Care attendance: Quorum: 10

Paul Borghesani (Psych faculty)	X	Megan Glenski (E22 Seattle)		Haley Pang (E22 Seattle)	X	Lena Sibulesky (Surgery faculty)	X
Matthew Cunningham (PEAC representative)	X	Max Keyes (FM Admin)		Rylie Pilon (E23 Wyoming)	X	Paula Silha (Spok. Faculty)	X
Kristine Calhoun (Academic Co-Chair)	X	Toby Keys (FM faculty)	X	Michael Santiago (EM faculty)	X	Judi Sullivan (MT admin)	X
Amy Dettori (Peds faculty)	X	John McCarthy (Rural Programs faculty)	X	Devin Sawyer – Asst Dean Western Washington	X	Jenny Wright (IM faculty)	X
David Horn (OTO faculty)		Karen McDonough (Themes Rep.)		Alicia Scribner (OB faculty)	X		



Explore and Focus Voting member attendance: Quorum: 12

Hanna Ahuja (E 21 Wyoming)		Vanncy Crookes (OTO Admin)	X	Troy Johnston (Pediatric Card Seattle)		Daniel Robinson (EM Seattle)	
Ashley Amick (IM & EM Seattle)		Matt Cunningham (PEAC rep)	X	Mahesh Karandikar Neuro Surgery Seattle		Roger Tatum (Surgery Seattle)	X
Gina Campelia (Themes rep, Bioethics & Humanities, Seattle)		Barb Doty (Alaska Asst. Dean)		Eric Kraus (Neurology)	X	Sarah Thomson (Career Advisor)	X
Kayla Cayton (E22)	X	Ralph Ermoian (Radiation Oncology)		Colton Kray (E22 Spokane)	X	Nam Tran (Vascular Surgery Seattle)	
Esther Chung (Co-Chair)	X	Erich Garland (Neurology, Idaho Falls)		Nadia Marnani (E-20 Seattle)		Jenny Wright (Patient Care rep. IM Seattle)	X
		Ivan Henson (FM admin)		Emily Myers (Pediatrics)			

AGENDA

1. Announcements: E-vote		
Announcement: E-Votes approved: Patient Care & Explore and Focus Committees		
<ul style="list-style-type: none"> • Work hours policy • Incomplete Policy 		
Explore and Focus: E-Vote approved June and September minutes		
<input type="checkbox"/> DECISION REQUIRED?	[] VOTES FOR	[0] VOTES AGAINST
Decision:		

2. Patient Care October Meeting Minutes		
Approve Patient Care October Meeting Minutes		
<input checked="" type="checkbox"/> DECISION REQUIRED?	[14] VOTES FOR	[0] VOTES AGAINST
Decision: The Patient Care October Meeting Minutes were approved.		

3. Explore and Focus October Meeting Minutes		
Explore and Focus meeting minutes will be sent via E-Vote for approval.		
<input type="checkbox"/> DECISION REQUIRED?	[] VOTES FOR	[0] VOTES AGAINST
Decision:		



4. New clerkship application: PEDS 633 (Dr. Matta)

- **Practice Overview:**
 - Established in 2007 and has been in operation for 17 years.
 - Owner has been practicing since 1998.
 - Operates as a 3-provider teaching practice, including a long-term PA (10–11 years) and a newly joined PA.
 - Specializes as an Autism Center of Excellence, providing comprehensive care and autism evaluations.
 - Handles a broad spectrum of patients from routine sick visits to complex cases.
- **Teaching and Student Exposure:**
 - Medical students gain experience in a variety of cases, including chronic disease management, behavioral health, and autism evaluations.
 - Provides skills training beyond clinical knowledge, focusing on customer service, teamwork, and clinical decision-making.
 - Engages students in presentations and collaborative learning.
- **Behavioral Health Emphasis:**
 - COVID-19 increased behavioral health cases, now constituting ~20% of patient care.
 - Mental health services are often managed in-house due to local psychiatrist scarcity.
 - Autism evaluations are expedited compared to other regional providers (2 weeks vs. 1–2 years).

Discussion:

- **Course Proposal:**
 - The rotation is proposed as an outpatient sub-internship, which is consistent with existing programs in family medicine.
 - A key factor for outpatient sub-internship approval hinges on meeting autonomy and patient care integration criteria.
- **Program Objectives:**
 - Current submission mapped to outdated objectives (old MEPOS).
 - Suggestions: Update mapping to align with new objectives or omit entirely.
 - Consensus favors maintaining mappings for academic integrity and accreditation purposes, with updates to reflect new standards.
- **Next Steps:**
 - Revise course objectives to align with new program standards.
 - Broader discussion about application guidelines and consistency to be revisited in future committee meetings.

Motion to approve PEDS 633 is submitted.

Explore and Focus committee first and second motion is submitted and vote will be sent by email for e-vote.

<input type="checkbox"/> DECISION REQUIRED?	<input type="checkbox"/> VOTES FOR	<input type="checkbox"/> VOTES AGAINST
---	------------------------------------	--

Decision:



5. New clerkship application: DERM 784 (Dr. Paul Massey)

- **Practice Overview:**
 - Located in Cheyenne, Wyoming, soon to be a 3-partner dermatology practice with 10 total providers.
 - Broad catchment area includes Western Nebraska, Northern Colorado, Southeastern, and Central Wyoming.
 - Services offered include general and pediatric dermatology, phototherapy, laser services, cosmetics, surgical dermatology, and in-house pathology services.
 - Faculty includes Dr. Paul Massey (board-certified dermatologist and Mohs surgeon), Dr. Crystal Massey (board-certified dermatologist and pediatric dermatologist), and Dr. Julie Neville (Mohs surgeon and board-certified dermatologist).
- **Proposed Elective:**
 - A 2-week, permission-only dermatology clerkship focused on comprehensive dermatologic care.
 - Includes a surgical emphasis, reflecting the practice's strengths.
 - Designed for students seeking skills in both general and procedural dermatology.
 - Intended to improve dermatologic care in Wyoming and beyond.

Discussion

- **Course Design and Logistics:**
 - Permission-only structure ensures faculty availability for student rotations

Motion to approve PEDS 633 is submitted.

Explore and Focus committee first and second motion is submitted and vote will be sent by email for e-vote.

<input type="checkbox"/> DECISION REQUIRED?	[] VOTES FOR	[0] VOTES AGAINST
---	--------------	-------------------

Decision:

6. Attestation for providing clinical care to students (Dr. Potyk and Dr. Cunningham)

Background

- **Issue:** Ensuring that students are evaluated in a safe and supportive learning environment, free from any conflicts of interest that may arise from patient-care relationships between preceptors and students.
- **Context:**
 - Distributed medical education system increases the likelihood of provider providing clinical care to students in smaller, rural areas.
 - The LCME (Liaison Committee on Medical Education) requires clear policies to prevent individuals providing clinical care from also evaluating students.
 - Existing policy in the student handbook states faculty who provide medical care should recuse themselves from student evaluations. However, no such policy exists for evaluation forms.



- **Goal:** Create a standardized process that prevents preceptors who have provided care to a student from formally evaluating them.

Discussion

- **Proposed Solution:**
 - Add an attestation question to all clinical evaluation forms asking if the preceptor has provided clinical care to the student.
 - If "yes," the preceptor is instructed not to complete the form and to suspend it via an eValue system link.
 - This solution applies across all clerkships and courses, ensuring compliance with LCME requirements.
- **Challenges and Considerations:**
 - Addressing edge cases like care provided to a student's family members or episodic care from years prior.
 - Balancing simplicity and enforceability while accounting for differences across rural and urban training environments.
 - Including language like "to the best of your knowledge" to account for memory limitations and judgment calls by evaluators.
- **Feedback:**
 - Students and faculty emphasized the need for clarity on scope (e.g., recent interactions, during medical school years).
 - Agreement to narrow the attestation focus to care directly provided to the student.

Decision

- **Motion Approved:**
 - Add mandatory to the top of the clinical care attestation form and add "to the best of your knowledge" clause to all clinical evaluation forms.
 - Implementation planned for the next clinical year starting spring 2025.
 - Committees for both Patient Care and Explore and Focus approved the motion.
- **Next Steps:**
 - Update eValue system to include the attestation question in all relevant forms.
 - Provide text of the question to departments not currently using eValue.
 - Communicate policy changes to site directors and preceptors for consistent implementation.

ACTION: Explore and Focus Committee to approve clinical care attestation form with addition of mandatory at the top of the form and update question with "to the best of your knowledge" clause to all clinical evaluation forms by E-Vote.

<input checked="" type="checkbox"/> DECISION REQUIRED? Patient Care Committee	[14] VOTES FOR	[0] VOTES AGAINST
---	----------------	-------------------



7. LCME Independent Student Analysis Survey Update (Dr. Kim and Jung Lee)

Background

- **Context:**
 - The SOM is preparing for an LCME accreditation site visit in March 2026.
 - Accreditation process includes self-study committees, operational data analysis, and student feedback surveys.
 - LCME standards require compliance across 93 elements, with emphasis on continuous quality improvement (CQI).
 - Student data, such as the Independent Student Analysis (ISA) and Graduation Questionnaire, are central to the evaluation.
- **Key Metrics and Data Sources:**
 - ISA, conducted by students, focuses on program performance and satisfaction.
 - Programmatic data include faculty sufficiency, resources, facilities, and operational metrics.
 - High response rates from students bolster the credibility of collected data.

Discussion

- **Strengths:**
 - High agreement on adequate clinical skills preparation and satisfactory clerkship quality.
 - Positive ratings for supervision, access to patients, and self-directed learning opportunities.
 - Improvement in key metrics for certain clerkships (e.g., OB and Surgery).
- **Challenges:**
 - **Formative Feedback:** ~20% disagreement on the adequacy of formative feedback in clerkships.
 - **Summative Assessments:** Grading clarity and consistency received lower agreement scores, with a risk of citation if improvements aren't demonstrated.
 - **Response to Student Feedback:** High NA responses (~40%) on whether the school responds to clerkship feedback suggest possible communication gaps.
 - **Mistreatment Policies:**
 - Mixed awareness of mistreatment prevention efforts.
 - Concerns about the clarity of reporting procedures and whether reported cases are investigated.
 - **Healthcare Access for Students:**
 - Difficulty in aligning policy implementation with LCME expectations.
 - Plateauing data suggest policy awareness alone may not resolve underlying issues.
- **Action Plans:**
 - Conduct focus groups or follow-up surveys to clarify student concerns about feedback mechanisms and NA responses.
 - Continue ongoing initiatives for grading reform, including transitioning to pass/fail evaluations and enhancing workplace-based assessments.
 - Address gaps in communication regarding mistreatment prevention and reporting procedures.



<ul style="list-style-type: none"> ● Approval of Next Steps: <ul style="list-style-type: none"> ○ Maintain focus on ongoing initiatives (grading reform, faculty development, and improved feedback mechanisms). ○ Investigate sources of disagreement and NA responses through additional student engagement. ○ Increase visibility of the school’s actions on mistreatment and curriculum feedback to address communication gaps. ○ Emphasize CQI measures in accreditation materials to mitigate potential citations. ● Immediate Actions: <ul style="list-style-type: none"> ○ Prepare for next ISA survey and October 2024 follow-up survey. ○ Share accreditation progress and feedback with self-study committees. ○ Develop narrative responses to highlight CQI efforts and mitigate potential compliance risks. 		
<input type="checkbox"/> DECISION REQUIRED?	<input type="checkbox"/> VOTES FOR	<input type="checkbox"/> VOTES AGAINST

<p>8. Grade Appeal Updates (Dr Joshua Jauregui)</p> <p>Background</p> <ul style="list-style-type: none"> ● Grade Appeal Process Overview: <ul style="list-style-type: none"> ○ The School of Medicine's grade appeal process ensures fairness and academic integrity while aligning with University of Washington scholastic regulations. ○ Students may request a review of a grade if they believe it was assigned arbitrarily or capriciously, escalating to a formal appeal if not resolved at the course or department level. ○ The Grade Appeal Committee, established in 2018, replaces department chairs as decision-makers to reduce conflicts of interest and ensure consistency. Prior to that students worked with clerkships and appeals were escalated to the department chair and that set up conflicts of interests. Chairs and Curriculum Committee delegated their authority to the SOM grade appeal committee. ● Grade Appeal Committee: <ul style="list-style-type: none"> ○ Comprised of faculty, staff, and student representatives, with a focus on diverse representation. Grade Committee has a co-chair and executive non voting co-chair. Eight faculty/staff members and 2 student representatives. ○ Responsible for adjudicating whether a grade or clinical summative comments were assigned arbitrarily or capriciously. ○ Reports annually to the Curriculum Committee. <p>Discussion</p> <ul style="list-style-type: none"> ● Updates to the Process:
--



- **Bylaw Alignment:** Changes to the Grade Appeal Committee bylaws include adding staff as members, updating term limits, and modifying language from "challenge" to "petition" to reduce adversarial connotations.
- **Simplified Timeline:** Appeals now must be submitted within one quarter following the grade's issuance, replacing the previous 12-week deadline.
- **Expanded Scope:** Appeals now include any course or graduation requirement, such as OSCEs or transition courses, ensuring all academic grievances are addressed.
- **Website and Form Updates:**
 - **New Website Structure:** A redesigned, user-friendly website includes:
 - Overview of the grade appeal process.
 - Updated timelines and policies.
 - FAQs to clarify deadlines and procedural steps.
 - **Automated Form:** Students now use a digital form for streamlined submission and tracking, with built-in verification by departments.
 - **De-identification Requirement:** Students must de-identify supporting documents before submission to maintain objectivity during the review process.
- **Key Considerations:**
 - Balancing consistency across departments with autonomy in grade review processes.
 - Enhancing transparency in the grade appeal process for students and faculty.
 - Ensuring all changes and updates are communicated effectively across stakeholders.

Decision

- **Next Steps:**
 - Finalize and implement website updates and automated forms.
 - Develop a petition form template for departments to use during the review process.
 - Review and incorporate feedback on consistency and process improvements before final implementation.
 - Include all graduation requirements, such as OSCEs, in the appealable scope.
- **Follow-Up Actions:**
 - Distribute updated documentation to stakeholders for review.
 - Plan future committee discussions to finalize outstanding items and refine processes.
 - Ensure communication with departments to align on changes and expectations for the appeal process.

DECISION REQUIRED?

[] VOTES FOR

[0] VOTES AGAINST

Decision: