

Patient Care Phase Committee Minutes

Date	January 13, 2025
Time	4:00 – 5:30PM PT
Attendees	Patient Care Committee: Academic Chair: Kris Calhoun; Executive Chair:
QUORUM REACHED:	Joshua Jauregui
	Voting Members: See Below
	Guests: Carmelita, Raquel Harwick, Doug Franzen, Judi Sulivan, Doug Schaad,
	Debbie Blackstone, Jordan Kinder, Sara Kim, Jerome Graber, Julie Bould, Jung
	Lee, Karla Kelly, Kellie Engle, Edith Wang, Esther Chung, Heather McPhillips,
	Kristen Seiler, Margie Trenary, Mary Sargent, Max Griffth, Meghan Filer,
	Micheal Campion, Nedejda Bespalova, Sara Fear, Sarah Wood
Regrets	Voting members: See Below

x	Alicia Scribner	
	John McCarthy	
X	Paula Silha	
x	Devin Sawyer	
X	David horn	
X	Amy Dettori	
x	Micheal Santiago	
x	Rylie Pilon	
x	Haley Pang	
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AGENDA

	ITEM	LEAD	TIME	ATTACHMENTS	ACTION
1	December Meeting Minutes	Kris Calhoun	5 Min	Attachment A	Decision
2	Clinical Phases Incomplete Policy Approved by FCAA	Kris Calhoun	15 Min	Attachment B	Announcement
3	Annual Clerkship Review Summary	Joshua Jauregui	30 Min	Available at Meeting	Discussion

1. December Meeting Minutes (Dr. Kris Calhoun)		
The December Meeting Minutes reviewed and first and second m	notion accepted.	
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☑ DECISION REQUIRED?	[13] VOTES FOR	[0] VOTES AGAINST
Decision: December Meeting Minutes were approved		

2. Clinical Phase Incomplete Policy Approved by FCAA (Emmanu	el Wright)	
Summary:		
The Committee discussed the recent approval of the clinical phas	e incomplete policy	/ by the FCAA. The
policy allows clerkship directors to assign an incomplete grade to	students unable to	complete coursework
due to medical or personal circumstances. It also ensures that de	adlines support gra	duation timelines
while considering individual schedules.		
DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST
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3. Annual Clerkship Review (Dr. Joshau Jauregui)

Summary:

The Committee Discussed the ongoing Clerkship Review process, a requirement under LCME accreditation standards. This marks the second year of a more formalized process, including annual data reviews by clerkship directors, administrators, and curriculum leaders to ensure compliance with LCME standards and maintain accreditation for the MD program. Key findings, areas for improvement, and proposed changes were presented.

Key highlights include:

- Data Timeline and Process: The review covers data from previous years, current performance, and planning for the next academic year. Meetings occur in November-December to align with data collection and ensure readiness for implementation.
- Areas for Improvement: Formal evaluation (e.g., mini-CEX) and clerkship feedback loops remain areas of concern, with student comments indicating insufficient feedback and communication.



Efforts are underway to address these issues with assessment system updates and improved communication strategies.

- Positives: Student evaluations remain overwhelmingly positive, especially regarding teaching quality and student contributions to patient care. A student comment highlighted their appreciation for teaching and the opportunity to take charge of patient care.
- Proposed Changes:
 - A new pilot program using workplace-based assessments (WBAs) aligned with programmatic assessment and CBME (Competency-Based Medical Education) principles will be implemented across all required clerkships.
 - WBAs will focus on Entrustable Professional Activities (EPAs), with students completing at least two per week.
 - Completion of WBAs will count for up to 2% extra credit toward the clinical grade during the pilot phase.

The Committee also discussed areas requiring approval, including clerkship-specific changes (e.g., clinical encounters, modules, attendance policies) and cross-clerkship assessment pilots. Input from all stakeholders, including clerkship directors and the clinical assessment work group, contributed to these proposals.

Additionally, an accreditation report from student leaders highlighted strengths, areas for improvement, and clear suggestions. While data trends were generally positive, student comments identified potential citation risks related to clinical training and feedback loops. Students concluded the report by praising the curriculum's excellence and acknowledging the complexity of the medical education system.

Stakeholders expressed overall satisfaction with the collaborative process behind these changes but noted concerns about implementation logistics.

□ DECISION REQUIRED? [] VOTES FOR [] VOTES AGAINST
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4. New Workplace-Based Assessments (WBAs) (Dr. Joshua Jauregui)

Discussion:

The Committee Discussed the implementation of a pilot program introducing **Workplace-Based Assessments (WBAs)** aligned with Entrustable Professional Activities (EPAs) across all required clerkships. The WBAs will serve as a foundation for programmatic assessment and competency-based medical education (CBME).

Key Details of the WBAs Pilot:

- **Purpose:** Students will complete WBAs to receive real-time feedback from preceptors on specific clinical activities (EPAs).
- **Frequency:** Students must complete at least two WBAs per week. For a 6-week clerkship, at least one of each of the six EPAs must be assessed; for a 12-week internal medicine clerkship, at least two of each EPA must be assessed.
- **Assessment:** WBAs will be based on observed clinical activities and focus on providing actionable feedback, fostering a coaching mindset between students and preceptors.
- Integration with Grading: Completion of the WBAs will count as up to 2% extra credit toward the clinical portion of the final grade. Partial completion will be awarded on a sliding scale. Grades cannot exceed 100%.
- **Format:** Students and preceptors will initiate assessments via QR codes, ensuring streamlined feedback. Both parties will receive follow-up emails for verification and approval.



• **Focus:** Although WBAs are aligned with EPAs, the language on forms will emphasize clinical activities to ensure accessibility and avoid educational jargon.

Conclusion:

The Committee approved the implementation of the Workplace-Based Assessments (WBAs) pilot program, which aims to enhance feedback and assessment processes across required clerkships. By aligning WBAs with Entrustable Professional Activities (EPAs) and incorporating them into the grading system as extra credit, the pilot ensures a low-stakes approach that encourages student engagement and facilitates real-time feedback. This approval reflects the collaborative efforts of clerkship directors, faculty, and students, marking an important step toward advancing competency-based medical education and programmatic assessment. The pilot will launch at the end of March, with ongoing evaluation to refine the system based on feedback and outcomes.

☑ DECISION REQUIRED?[14] VOTES FOR[0] VOTES AGAINSTDecision: The Committee approved the implementation of the Workplace-Based Assessments (WBAs) pilotprogram, which aims to enhance feedback and assessment processes across required clerkships.