

Elective Clerkship Committee Minutes

Date	June 4, 2018
Time	4:00 – 5:00 PM
Location and/or connection info	A-325 https://zoom.us/j/592820789
Chair	Roger Tatum
Attendees	Roger Tatum, Mark Whipple, Jan Carline, Susan Merel, Doug Schaad, Heidi Combs, Eric Kraus, Paul Borghesani, John McCarthy, Claire Sandstrom, Sara Fear, Lan Nguyen, Kathi Sleavin, Michael Campion, Anna Nolin, Allison Correll-Buss, Katie Portante, Kellie Engle, Scott McClelland, McKenna Eastment, Rachel Lazzar, Laura Ellis, Kelley Goetz, Christen White
<input checked="" type="checkbox"/> QUORUM REACHED	

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Introduction April Minutes	Roger Tatum	5 min	Attachment A	Decision
2	Medical Student of Clerkship Evaluation Form	Jan Carline	10 min	Attachment B	Discussion
3	Medical Student of Educator Evaluation Form	Jan Carline	10 min	Attachment C	Discussion
4	Revised Educator of Medical Student Evaluation Form	Jan Carline	10 min	Attachment D-E	Discussion
5	Global Health Clinical Experience Presentation/Request for Exchange Students	Scott McClelland, McKenna Eastment, Rachel Lazzar, Laura Ellis	25 min	Attachment F	Discussion

1. Approval of April Meeting Minutes		
Discussion Dr. Tatum gave a brief overview of the April meeting minutes.		
<input checked="" type="checkbox"/> DECISION REQUIRED?	10 VOTES FOR	0 VOTES AGAINST
Decision: The April Elective Clerkship meeting minutes were approved.		

2. Medical Student of Clerkship Evaluation Form (Jan Carline & Susan Merel)		
<p>Discussion: Many Sub-I's and Electives that are now APC rotations, were not formally evaluating students and forms varied across clerkships. We revised an evaluation form for use in APC clerkships and are inviting clerkships which are classified as electives to use this clerkship evaluation form.</p> <p>We added N/A to questions because not all clerkships have the same requirements such as didactics. It's important to track if students are receiving mid-clerkship feedback. A concern was raised about how this evaluation form will work in two-week clerkships. There was discussion about dropping "mandatory" from the question but ultimately everyone agreed to keep the language as is, and students can simply write "No" they did not receive additional feedback. The goal is to receive qualitative responses, so provided opportunities for students to expand on their experience. Students don't always fill out the last two questions but when they do, we receive helpful feedback.</p> <p>Questions were raised if N/A should be added as an option for "On this rotation, how often did you take primary responsibility for patient care and/or other types of encounters" taking into account neurosurgery and other clerkships. Also, across clerkships there are varying degrees of allowed consultation or charge of patient care. How can language be broadened so as not to skew the work students completed? The form will be adapted to include N/A and highlighted above.</p> <p>Students often complain they are more of a consultant and not receiving much hands-on experience. These evaluations will help us gather data about what students are doing in elective clerkships.</p> <p>This form doesn't encompass all of the same questions as required clerkship evaluations, and it's likely there will be additional changes for APC clerkship forms. This form will be used in APC, Sub-I's and Electives, but third year required clerkships will use the old form.</p>		
<input checked="" type="checkbox"/> DECISION REQUIRED	10 VOTES FOR	0 VOTES AGAINST
Decision: The Elective Clerkship Committee voted to move forward to incorporate the revised student evaluation of clerkship form into Elective Clerkships.		

3. Medical Student of Educator Evaluation Form (Jan Carline)		
<p>Discussion: After the recent LCME visit, we realized the need to standardize evaluation forms in order to collect data on clerkships. Up until this time, the only required form for elective clerkships was tied directly to grading. In required clerkships, there are multiple forms to complete, including a medical student of educator form, medical student of clerkship form, and final grade form.</p> <p>For all electives, we are moving toward a requirement to use a common form in EValue. The Medical Student of Educator Form has been used for many years and now includes respect items, which deal with student perceptions of mistreatment. Respect scores are shared with individuals on a need to know basis. Another tool which has been developed to share feedback about mistreatment through the UW Medicine website and mistreatment page. The forms do not collect information anonymously, but</p>		

you do have the option to report anonymously online. The information online is shared with a small group of leaders handling these issues internally.

For departments with required clerkships, this form is not new but for others whose staff might need training submitting this information into Evalue, they should contact Donna Painchaud.

<input checked="" type="checkbox"/> DECISION REQUIRED	10 VOTES FOR	0 VOTES AGAINST
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Decision: The Committee approved the implementation of Medical Student of Educator evaluation form in elective clerkships.

4. Revised Educator of Medical Student Evaluation Form

Discussion: This form will be extensively discussed at the Clinical Clerkship Retreat tomorrow. We will see how the proposal moves forward and circle back with the committee if need be.

Each clerkship has objectives, but for most there is no assessment or documentation to reflect whether students achieved the objective. Is the goal to utilize the same form for every required clerkship? The goal is for each objective, in each clerkship to be appropriately assessed. This means variability in the forms, but the objectives will be setup in a standardized approach. Blend of capturing the unique skillsets of each clerkship while ensuring quality.

Action: Determine if follow-up presentation needed at July meeting.

<input checked="" type="checkbox"/> NO DECISION REQUIRED	0 VOTES FOR	0 VOTES AGAINST
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5. Global Health Clinical Experience (Scott Mcllelland)

Discussion: Scott Mcllelland gave a brief overview of the Global Health Clinical Experience. Dr. Mcllelland has led the program for six years. The global health clerkship is a clinical elective for fourth year medical students in places such as Africa, Asia and Latin America. The program has grown from about 8 to about 20 UW students per year and they receive UW credit through CONJ 625. The course was vetted through FAMED, IM, Pediatrics, OBGYN, and Global Health Departments. At the behest of Global Health Department, we are trying to develop MOU's and build relationships with sites to better understand the work of our students and improve mentorship. As part of the MOU process, the sites would like to send their students back to the US for training. Their presentation reviewed total numbers studying abroad, where students are going (Kenya, Nepal, Malawi, Nicaragua, Peru, Uganda, and none at Vietnam for many years). Program in Ghana ended because unable to do an equal exchange of students.

With MOU's, we've determined about two students/site is about all we can afford for a 4-week rotation (not 6-week). UW students have a lot of choice in rotations but those who are visiting are fairly limited to infectious disease or radiology. Surgery accept MOU students from Japan and Taiwan, but we do not send UW students to those sites.

We recognize this is a tough year with the curriculum transition, but we as an institution should evaluate if we should be sending students abroad if we're unable to accommodate visiting, international students. We want to ensure visiting students participate in clinical rotations that are meaningful for them. When we reach out to departments for clerkship availability, we often hear there are no available

slots and some departments systematically reject accepting exchange students. If we cannot actually fulfill slots, perhaps we should end the program.

UW does have an availability shortage but there are times of the year when there are more open positions than others. Summers are always tight and perhaps we can have MOU sites send students in the winter/spring? Their academic standards make it difficult for them to travel outside of summer and fall.

Concerns were raised that some students from these exchanges did not perform at the expected and necessary clinical level. Generally, the data shows that students perform as pass or high pass though there are differences in their skill sets and unfamiliarity with EHR systems. We also request schools to vet and select the students they send. We are often able to meet with candidates before they travel to the US. There are two main questions: Do we have the availability to meet this program's needs? And can visiting students perform?

The program is seeking 4-6 spots in exchange for 20 UW students. Is it possible to set aside and hold slots? Can we work to create electives specifically for international students that are appropriate clinical electives? How important is the grade to visiting students? The grades are important for credits to be in a graded rotation, but often our students receive pass/fail with comments. What clinical experiences are students looking for? Is it possible to send these students to regional WWAMI slots (Alaska-Native Medical Center)? Susan Merel and Scott McClelland to discuss some sites. Laura Ellis connects visiting students with housing and transportation resources (many don't drive). It could be difficult out in the region for logistical reasons and lack of camaraderie. Would also need to clarify with host sites that they wouldn't receive the normal stipend for visiting students. How much time do students need for applications? About six months leeway is needed, but clerkships often have last minute openings.

Action: Scott McClelland to send email for follow-up with department heads, Discuss availability of slots with Laura Ellis as needed

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Adjourn: 5:00 pm PST