



FAMILY MEDICINE CLERKSHIP
EOQ HIGHLIGHTS Newsletter
June 15th, 2018

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RSVP for the AUTUMN EOQ Friday, October 19th

[Click here to RSVP for the event](#)

SAVE-THE-DATE: 2019-2020 End of Quarter Meetings

WINTER March 7-8, 2019
SPRING June 7, 2019
AUTUMN October 18, 2019
WINTER March 6-7, 2020

Top Five Take-Away Points from the June EOQ

- 1) When compiling evaluations, please use the grading calculator available on our [website](#), remember that summative comments are essentially copied and pasted into the student's MSPE (Dean's Letter), and submit by 2 weeks after the last day of the clerkship.
- 2) The ABFM has a pilot program to allow teaching topics for a Part IV. We will be developing a teaching Part IV based on the PCOF.
- 3) There is now a "student grievance" button on the [Info for Students section of our website](#) that allows students to report mistreatment during the clerkship. These reports will be handled through the dean's office
- 4) The UWSOM had another great match in Family Medicine. 38 students, or 17% of the class, matched into FM, with a majority staying in the WWAMI region. The WWAMI Family Medicine Residency Network filled 225 positions this year, with 24 (11.7%) filled by UW students. Match update handout can be [found here](#).
- 5) Per our guided discussion with Norma Timbang, approaching challenging situations with a spirit of inquiry and assuming good intent of all parties helps promote dialogue.



A Day in the Life

UW- Northgate

Pamela Pentin, MD, JD, FAAFP

UW Neighborhood Northgate Clinic

Dr. Pentin gave an overview of a day in a student's life when doing a clerkship at the UW- Northgate location. With shopping, a movie theater and excellent proximity to downtown Seattle (especially with the Light-Rail scheduled to open within a few years), students at UW Neighborhood Northgate Clinic love the social component of the program as well as the relatively small clinic experience.



Sitka, AK

Valerie Edwards, MD

Southeast Alaska Regional Health Consortium

Dr. Edwards shared the experience of a clerkship at the 25-bed Mt. Edgecumbe Hospital in Sitka, Alaska (located on the Alaskan panhandle; pop. 8,891). Known as New Archangel when serving as the capital of Russian Alaska, and historic home of the Tlingit people, the clerkship incorporates a half-day for students to explore the city and gain an understanding of its cultural impacts. Outside of the clinic, students spend their time hiking, snow-machining and learning the nuances of Southeast Alaskan lifestyle from the locals.



Dialogic Inquiry through the Lens of Equity

Norma Timbang, MSW
UW School of Social Work

This two-hour session continued the dialogue on systemic racism within the health care profession that was started at our last EOQ. Ms. Timbang presented on implicit biases that may affect physicians within their practice and provided tools for overcoming systemically ingrained beliefs. Through small group discussion, participants analyzed real-world examples, exploring implicit implications and unintended consequences of interactions with patients. Please see the [linked presentation](#), [Cycle of Socialization handout](#) and [Debate, Discussion and Dialogue handout](#). Some tools we discussed included:

1. If you're asking a patient questions that may seem inappropriate, explain why you are asking. For example, if you are taking a sexual history for a seemingly unrelated complaint, explain how this might change your management. Try to remember that there may be historical context to a patient's discomfort.
2. When someone says something that is interpreted as biased, try to assume good intent and approach the comment from a place of inquiry. For example, "what does that word mean to you?" or "can you help me understand what you meant by that?"
3. If someone says something discriminatory towards your learner, debrief with the learner. This signals to the learner that you recognized that something has happened and gives them an opportunity to participate in a decision about how to address the situation. Your approach may differ between people who you know well and those you don't but approaching them from a place of inquiry helps keep the door open to dialogue.



Feedback Forms and Evaluation Best Practices

Jeanne Cawse-Lucas, MD
Family Medicine Clerkship Co-Director
Misbah Keen, MD, MPH, MBI
Family Medicine Clerkship Co-Director



Please submit your evaluations by two weeks after the last day of the clerkship. This allows the clerkship team to review them, contact you if there are concerns or questions, and submit by the LCME-mandated 4-week mark.

We reviewed best practices for formative and summative evaluation (see the following [Evaluation Tips handout](#)).

- **Formative comments** are constructive and for the student's benefit. They do not go into the MSPE. Note the student's strengths, address weaknesses and possible needs for improvement. Use the [grading anchors](#) as a guide for discussing both areas of strength and weakness.
- **Summative comments** are included in the Dean's Letter (MSPE). For this reason, the comments should highlight the positive aspects of the student's performance while accurately reflecting the level of performance. The length should be at least one paragraph (three to four sentences). These comments can be duplicated from the formative comments. It is best practice and standard procedure for summative comments to include writing in the third person and past tense as you are evaluating the student's performance while at your clerkship. Use concrete examples and language highlighting the student "demonstrated knowledge" or "excelled in patient-centered care." Avoid predictive statements about future performance; however, a statement based on your observations is permissible. For example: "The student consistently demonstrated all the skills necessary to be a fine physician."

We also reviewed a variety of daily feedback forms used by different clerkship sites, which can be [found on the site](#). It is most important that you have a transparent system that is understood by both student and teaching faculty. We will post the de-identified forms on our website for you to review and decide what works best for your site.

Best Practices for LORs

We reviewed best practices for writing effective letters of recommendation (LORs). Through presentation and discussion, we reviewed the attributes of compelling letter writing and how to avoid common pit-falls of many ineffective LORs. Examples of impactful tools in letter writing include avoiding gender bias, use of “buzz words” and the “5 C’s” of letter writing, and the importance of finishing with a strong summary paragraph. Please see the [following link](#) for the handout used.

Thank you all for your hard work & thank you for attending!

For those who attended the March EOQ: it was approved for up to 8 hours of CME. Search under **UWSOM Family Medicine Faculty Development EOQ and PCP.**

We will apply for CME credit for the June and October EOQs as a unit in the autumn.

Our next EOQ will be: **October 19, 2018**

[Click here to RSVP for the event](#)

We are very open to feedback for upcoming EOQs. If there is a particular topic you would like to see covered, please email: fmclerk@uw.edu