Meeting Synopsis

1. Call to order
2. Review minutes from April 12, 2019
3. Chair’s report
4. SCAG update (Dan Ratner)
5. Medical note Class C from FCSA
6. Extra credit guidelines
7. Good of the order
8. Adjourn

1. Call to order

The meeting was called to order at 1:30 p.m.

2. Review minutes from April 12, 2019

The minutes from April 12, 2019 were approved with a minor correction.

3. Chair’s report

Stroup, the chair, notified the council that she met with Kevin Mihata, Associate Dean for Educational Programs in the College of Arts and Sciences. They discussed that the College of Arts and Sciences curriculum committee is seeing an increasing number of syllabi that request Quantitative and Symbolic Reasoning (QSR) designation and these are typically returned for revision. The chair noted that QSR is not an Area of Knowledge, but it is a graduation requirement. Courses in Math, Stats and Philosophy usually qualify for a QSR designation. Mihata recommended that a group create a working description for what QSR means.

The chair shared that she has heard from students and faculty members that some faculty members are recognizing a “dead week” on campus. Members discussed that they have heard of classes with a final during the 10th week of the quarter. Another member shared that his students have openly talked about “dead week” as if it was officially recognized. Members also discussed “syllabus week” where instructors only cover their syllabus and no assignments are given at the first class. The council will address this at a future meeting.

SB 5166, regarding religious accommodations, is awaiting the Governor’s signature. The chair is working with the Registrar’s office to develop a University-wide syllabus guidelines.

SCAP did not meet quorum this past Friday. The chair shared that if the subcommittee misses quorum again that FCAS may review proposals at a regularly scheduled meeting.
4. **SCAG update (Dan Ratner)**

Dan Ratner provided SCAG update on admissions changes and recommendations. Anyone with specific questions should reach out to Ratner for additional information. Ratner noted that there will not be drastic shifts in admission at this stage and would only apply to non-residents for fall 2020 admissions. Below are summarized points from Ratner’s presentation:

**Assessing Intent/Major**
- Does not fit within ACAD and PQA
- Requires its own assessment, but may not require a metric (e.g. “FiT”)
- Proposed Assessment vehicle
  - First and second choice intended major
    - Requires additional messaging (Admissions / Communications)
  - Exploring future use of written prompt around intended major and/or interests
    - Implementation challenges/limitations
- Questions:
  - How will it be used
  - How will ‘undecided’ be treated
  - What populations could be impacted?
  - Unintended consequences?

**Proposal for selection based on area of academic interest**
- This does not solve most of our problems
  - This does not address capacity/demand
  - Does not fix what happens when students matriculate and are free to pursue any major
- Empowering admissions with selection options
  - not micromanaging
- Implementation remains dependent on new selection tools to support admissions
  - Admissions will update SCAG/FCAS on progress on selection tools
- Non-residents ONLY for Fall 2020 admissions
  - All applicants assessed, but only used for non-residents
  - Opportunity for revision, reevaluation
- Explore including new writing prompt on area of interest, but selection based on first and second choice major (NOTE: will not likely be adopted)
- Admissions will work with SCAG/FCAS in AY19-20 as selection capabilities are developed
  - Carefully monitor impacted populations

5. **Medical note Class C from FCSA**

Prior to the meeting, the chair shared, via email, a draft Class C resolution from the Faculty Council on Student Affairs regarding medical excuse notes (Exhibit 1). This is a topic that FCAS discussed extensively when they were writing their syllabus guidelines. During the winter quarter, FCAS submitted a Class C resolution regarding the use of medical excuse notes to the Faculty Senate leadership; however, because FCSA was also working on a resolution, the Faculty Senate leadership asked that the two council’s decide on one resolution. The council discussed FCSA’s resolution, but did not come to a consensus if they would support the resolution.
The council also discussed potential pushback that any resolution pertaining to medical notes would receive. The chair shared that she is working with the registrar on a webpage that explains why requiring medical excuse notes is strongly discouraged and suggests alternative accommodations that instructors could utilize.

6. Extra credit guidelines

Due to time constraints the council did not discuss this agenda item. The council will revisit this topic at a future meeting.

7. Good of the order

Nothing was stated.

8. Adjourn

The meeting was adjourned at 3:00 p.m.

Minutes by Lauren Hatchett, lehatch@uw.edu, council analyst

Present: 

Faculty: Sarah Stroup (Arts & Sciences) (chair), D. Shores (Business), Phil Brock (Arts & Sciences), Dan Ratner (Engineering), Joel Thornton (Environment), Mike Lockwood (Naval ROTC), Champak Chatterjee (Arts & Sciences), Zhi Lin (Arts & Sciences)

President’s designee: Philip Ballinger

Ex-officio reps: Meera Roy, Dan Feetham, Conor Casey, Angelia Miranda, Jennifer Payne

Guests: Michaelann Jundt, Robin Neal, Robert Corbett, Emily Leggio, Helen Garrett

Absent:

Faculty: Radhika Govindrajan (Arts & Sciences), Lynn Dietrich (Education), Ann Huppert (Built Environments)

Ex-officio reps: Melissa Saiz-Matheny

Exhibits

Exhibit 1 – Class C Resolution - Medical Excuse Notes - for FCAS.docx
RESOLUTION ADDRESSING STUDENT ABSENCES DUE TO SHORT-TERM MEDICAL REASONS AND THE USE OF “MEDICAL EXCUSE NOTES” BY FACULTY – Chris Laws, Chair FCSA

BACKGROUND

Current UW policies regarding student absences for short-term illnesses are advisory in nature and do not specifically address “medical excuse notes” — documents from a medical provider attesting to the severity of a short-term illness and the need for a student to be absent from class as a result. The UW’s Student Governance and Policies, Chapter 112, Section 1B addresses the issue most directly: “A student absent from any examination or class activity through sickness or other cause judged by the instructor to be unavoidable shall be given an opportunity to take a rescheduled examination or perform work judged by the instructor to be the equivalent.” However, the lack of more explicit guidance on this important and routine student-instructor interaction is in practice problematic and leads to a disparate set of approaches across campus and inequitable outcomes across student populations – including extensive use of medical excuse notes among some members of the faculty.

Unfortunately, a curricular strategy of routinely requiring students to obtain medical excuse notes provides little or no value and has unintended, adverse consequences for the student, the University, and medical providers. Medical providers want to help students with their health needs, but students who visit a medical provider purely to obtain a document regarding illness have been pressured into entering into a costly and potentially risky provider-patient relationship without a true medical need.

Faculty Senate and ASUW leadership, in conjunction with colleagues at Hall Health, have identified several key areas of concern:

1) Hall Health Access and Resources — Hall Health is often (over) filled to capacity. Students who don’t really want to be a patient are diminishing access for those who do have a medical need to seek care and wish to be seen. The generation of excuse notes is a wasteful use of expensive and limited health care staff time and resources. Estimates from Hall Health suggest as much as $250,000 annually is spent attending to some 2,500 note requests, and that visits for such requests represent approximately 5% of total student visits.

2) Financial Burdens and Inequities – Students who are uninsured/underinsured, including low income students, DACA students, and minority students are at a financial disadvantage when seeking medical care. Policies that require a student to seek care for an administrative reason place a financial burden on these students and affect students in extremely unequal ways.

3) Student Safety — Students who see a provider to get a note have a specific objective: get the note. There is pressure to make sure that the symptoms are described in such a way that the provider will generate a note. Exaggeration of symptoms leads to testing or procedures that have risk, and patients may be harmed as a result. The risk/benefit ratio in these cases is extreme.

4) Unrealistic expectation of provider-patient relationship — Lacking omniscience, a provider must rely on the patient’s description of the symptoms. Sometimes this is after the illness has already resolved. Providers are trained to be advocates for their patients and so a note will be
generated almost 100% of the time. Thus, requiring a student to obtain a medical excuse note has no value as an actual check on student behavior.

5) Education — The academic relationship between instructors and students belongs in the classroom. Instructors are in the best position to judge academic performance by students. Further, as students develop and prepare for their careers later in life, they should experience an environment that reflects the realities that will be experienced after graduation. Hall Health in particular wants to promote responsible self-care for minor ailments and health concerns, an important educational component that encourages self-reliance and resilience.

Given these serious concerns, Faculty Senate and ASUW leadership have begun pursuing a more explicit and limiting medical excuse note policy that promotes access, encourages appropriate use of limited resources, promotes patient safety, does not place an unfair financial burden on students, and is in alignment with a holistic educational experience. Of note is that limiting routine medical excuse notes would not have any bearing on documentation needed for disability, hardship, or other significant circumstances (including medical conditions) requiring longer term absences from the University; nor would such limitations prevent instructors from requiring students to justify the unavoidable nature of an absence, or require that instructors develop new accommodations. Instructors who are currently asking for medical excuse notes are already making accommodations for students who do provide them — a policy that prohibited the use of such notes would simply extend those pre-existing accommodations to students without the intermediary and problematic role of a health care provider.

Implementation of such a policy will have meaningful impacts on virtually every classroom across campus, and Faculty Senate and ASUW leadership have identified several key areas that should be addressed to assure the success of a restrictive medical excuse note policy:

1) Communication of policies to students;
2) Protecting students who are asked to provide notes;
3) Communication of policies to current and future instructors;
4) Development of best practices guidelines;
5) Gaming;
6) Disproportionate instructor burden;
7) Additional workload;
8) Instructor rights and authority.

With these issues in mind, and in the interest of supporting faculty efforts to change these policies, we offer the following Class C resolution.

WHEREAS existing UW policy (SGP, Chapter 112) states that students who are “absent from any examination or class activity through sickness or other cause judged by the instructor to be unavoidable shall be given an opportunity to take a rescheduled examination or perform work judged by the instructor to be the equivalent”; and
WHEREAS thousands of UW students are asked annually by instructors to provide documentation from a medical provider to justify the “unavoidable” nature of short-term illnesses; and

WHEREAS students who seek support from medical care providers purely to obtain such documents at the request of an instructor have been pressured into entering into a provider-patient relationship without necessarily possessing an immediate medical need; and

WHEREAS providers in most cases of short-term illness must rely on patient descriptions of the symptoms of an illness that has already resolved itself, with no existing physical evidence or symptoms for the provider to evaluate; and

WHEREAS students who see a provider to get a medical excuse note experience pressure to describe their symptoms in such a way that the provider generates a note, resulting in exaggeration of symptoms and possible testing or procedures that may be costly and physically harmful; and

WHEREAS providers are trained to be advocates for their patients, and as a practical matter generate medical excuse notes on request almost 100% of the time, resulting in no meaningful check on student behavior; and

WHEREAS many UW students turn to the student-supported Hall Health Center to acquire medical excuse notes, diminishing access for those who have more pressing medical needs to seek care and resulting in a wasteful use of expensive and limited health care staff time and resources; and

WHEREAS students who are uninsured/underinsured, including low income students, DACA students, and minority students are at a financial disadvantage when seeking medical care, so that instructor policies requiring students to seek medical care for administrative reasons place a meaningful financial burden on these students, and affect students in extremely unequal, undesirable, and ultimately unjust ways; and

WHEREAS requiring medical or legal documentation of absence places a burden on instructors, in that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes legal requirements upon those who possess the medical information of others,

BE IT RESOLVED that instructors are strongly discouraged from requiring medical or legal documentation from a student in determining whether or not to grant accommodations for student absences due to short-term medical causes.

Signators

Chris Laws, Chair FCSA

Thomas Halverson, Chair FCTL