Meeting Synopsis:

1. Call to order
2. Review of the minutes from November 12, 2019
3. Chair’s report
4. Review Class C resolution regarding medical excuse notes
5. Religious accommodations discussion
6. Good of the order
7. Adjourn

1. Call to order

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

2. Review of the minutes from November 12, 2019

The minutes from November 12, 2019 were approved as written.

3. Chair’s report

Laws, the chair, shared that the student conduct advisory committee will meet this Thursday, and Andrea Carroll will provide updates at the next meeting.

Intercollegiate Athletics (ICA) met and discussed the NCAA’s new policy that allows student athletes to profit from their name and likeness. The policy change will go into effect in AY 2023.

4. Review Class C resolution regarding medical excuse notes

The chair briefly recounted the history of the council’s efforts in addressing issues around medical excuse notes. He shared two versions (short and more extensive) of the Class C (Exhibits 1 & 2) for the council to consider. The council discussed both drafts.

The chair also shared versions of a self-verification forms that students/faculty might use in place of medical excuse notes (Exhibits 3 & 4). The council discussed the utility of a self-verification form. Members felt that Exhibit 4 provided more information for students, and faculty could use the form as documentation. Using the form would be optional.

A member asked if there should be self-verification for non-medical related issues. Members agreed that there should be additional policy/guidance around non-medical related issues that students face, and will discuss this topic at a future meeting.
The members voted to approve the Class C resolution (Exhibit 1) and forward it to the Faculty Council on Teaching and Learning and the Senate Executive Committee for further consideration.

5. **Religious accommodations discussion**

The chair presented an update on religious accommodations (Exhibit 5).

The council discussed whether the University should have a religious observations calendar as it does not capture all potential religious observances. Members agreed that the University should not host, curate and offer up a calendar. Other members suggested using a more encompassing, interfaith calendar as a reference only.

The chair asked the council to provide feedback on survey questions regarding the new religious accommodations policy that students and faculty members might receive. A member suggested removing “efficient/effective/successful” from the second question and rewrite it to say “Describe the communication with your instructor(s) around your religious accommodation request?” The member also recommended that the survey use skip logic.

6. **Good of the order**

Nothing was stated.

7. **Adjourn**

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

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

**Present:**
- **Faculty Code Section 21-61 A:** Ann Culligan, Bruce Hevly, Chris Laws (chair), Dean Heerwagen, Andrea Carroll, Kivanc Dincer, Clark Musselman, Selma Powell
- **Faculty Code Section 21-61 B:** Matthew Emery
- **President’s designee:** Lincoln Johnson
- **Guests:** Jeremy Moon

**Absent:**
- **Faculty Code Section 21-61 A:** Christopher Campbell, Gail Joseph
- **Faculty Code Section 21-61 B:** Sam Akeyo, Erin Conor, Kristelle Calma

**Exhibits**

- Exhibit 1 – Class C Resolution - Medical Excuse Notes - 2019.shorter.v1.docx
- Exhibit 2 – Medical Excuse Note Bill – FacSen.docx
- Exhibit 3 – UW.MedicalAbsence.Self-Verification.MoreDepth.docx
- Exhibit 4 – UW.MedicalAbsence.Self-Verification.Simple.docx
- Exhibit 5 – RA.slides.FCSA.120319.ppt
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 allow instructors to require that students provide “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. 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 efforts to discourage requests for medical excuse notes by instructors. 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.

Nevertheless, changing faculty use of medical excuse notes will have meaningful impacts on virtually every classroom across campus, and Faculty Senate and ASUW leadership have agreed that achieving these goals will require broad discussion of the impact of the use of medical excuse notes and the reasons to change current practices, along with development and dissemination of best practices guidelines that both protect students and maintain instructor rights and authority, and clear communication of guidelines to students and to current and future instructors.

With these issues in mind, and in the interest of supporting faculty efforts to strongly discourage the use of medical excuse notes, 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 the Faculty Senate endorses a timely revision of Chapter 112 of the UW’s Student Governance and Policies to prohibit members of the faculty 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, and the development of guidance and curricular support to strengthen student-faculty communication concerning student absences, to ensure the academic integrity of student work, and to promote the health and well-being of all UW students.

Signators

Chris Laws, Chair FCSA

Thomas Halverson, Chair FCTL
LEGISLATION 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 professional 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-faculty 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 professional 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:

6) 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.

7) 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.

8) 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.

9) 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.

10) Education — The academic relationship between faculty and students belongs in the classroom. Faculty 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 restricted 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 restricting 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. Furthermore, faculty 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 faculty;
4) Development of best practices guidelines;
5) Gaming;
6) Disproportionate faculty burden;
7) Additional workload;
8) Faculty 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 legislation.

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 faculty members to provide documentation from a medical professional 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 a faculty member 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 faculty 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 faculty, 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 professional medical or legal documentation from a student in determining whether or not to grant accommodations for student absences due to short-term medical causes; and

BE IT FURTHER RESOLVED that the Faculty Senate endorses a timely revision of Chapter 112 of the UW’s Student Governance and Policies to specifically prohibit members of the faculty from requiring such documentation from medical professionals; and

BE IT FURTHER RESOLVED that the Faculty Senate, in coordination with the Faculty Council on Academic Standards, the Faculty Council on Student Affairs, and the Faculty Council on Teaching and Learning develop guidance and curricular support to strengthen student-faculty communication concerning
student absences, ensure the academic integrity of student work, and promote the health and well-being of all UW students.

Signators

Chris Laws, Chair FCSA

Thomas Halverson, Chair FCTL
Statement of Absence from Class Self-Verification Form (Please fill out one form per class/course)

If you are forced to be absent from an examination or class activity due to an illness or health-related reasons, please contact your instructor as soon as possible. While your instructor is not obligated to allow you to make up a missed examination or class activity, the University of Washington’s Student Governance Policy (Chapter 112, Section 1B) does allow for rescheduled or equivalent work to be assigned to you if your instructor judges your absence to have been unavoidable due to illness.

The form below should be used for self-verification of an absence due to an illness or health-related issue, and to begin a dialogue with your instructor.

1. Student Name (First, Last): _____________________________________________
2. UW Student ID: _______________________________________________________
3. Department and Course: ________________________________________________
4. Name of Instructor: ____________________________________________________
5. Date(s) of Absence (MM/DD/YY): ______________________________________
   ______________________________________________________________________
   ______________________________

By submitting this form, I certify that my absence(s) on the dates listed above were due to an illness or health-related reason, and that I understand the following:

a) That my instructor is not obligated to provide an opportunity to make up a missed examination or class activity;

b) That if any of the statements I have provided here are found to be false, I subject myself to disciplinary action for Academic and Behavioral Misconduct under the University of Washington’s Student Governance Policies (SGP Chapter 209, Sections 7C2, 7D3a, and 7D3e).

Student Signature: _______________________________________________________

Today’s Date: ___________________________________________________________
Statement of Absence from Class Self-Verification Form (Please fill out one form per class/course)

If you are forced to be absent from an examination or class activity due to an illness or health-related reasons, please contact your instructor as soon as possible. The form below should be used for self-verification of an illness or health-related issue, and to begin a dialogue with your instructor.

1. Student Name (First, Last): _____________________________________________
2. UW Student ID: ______________________________________________________
3. Department and Course: ______________________________________________
4. Name of Instructor: ___________________________________________________
5. Date(s) of Absence (MM/DD/YY): ______________________________________

I certify that my absence(s) on the dates listed above were due to an illness or health-related reason. I also understand that if any of the above statements are found to be false, I subject myself to disciplinary action for Academic and Behavioral Misconduct under the University of Washington’s Student Governance Policies (SGP Chapter 209, Sections 7C2, 7D3a, and 7D3e).

Student Signature: _______________________________________________________
Today’s Date: ___________________________________________________________
### Exhibit 5

**EXAMPLE: UW “Calendar of Holidays and Religious Observances”, Winter 2018**

<table>
<thead>
<tr>
<th>Holiday or Observation</th>
<th>Religious Group</th>
<th>Dates</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year’s Day</td>
<td></td>
<td>Jan. 1, 2018</td>
<td>Class not in session</td>
</tr>
<tr>
<td>Lunar New Year</td>
<td></td>
<td>Feb. 19, 2018</td>
<td></td>
</tr>
<tr>
<td>Orthodox Christmas</td>
<td>Christian</td>
<td>Jan. 7, 2018</td>
<td>May include observance on Jan. 8, 2018</td>
</tr>
<tr>
<td>Martin Luther King Day</td>
<td></td>
<td>Jan. 15, 2018</td>
<td>Class not in session</td>
</tr>
<tr>
<td>Maha Shivaratri</td>
<td>Hindu</td>
<td>Feb. 13, 2018</td>
<td></td>
</tr>
<tr>
<td>Ash Wednesday</td>
<td>Christian</td>
<td>Feb. 14, 2018</td>
<td></td>
</tr>
<tr>
<td>Beginning of Lent</td>
<td>Christian</td>
<td>Feb. 14, 2018</td>
<td></td>
</tr>
<tr>
<td>President’s Day</td>
<td></td>
<td>Feb. 15, 2018</td>
<td>Class not in session</td>
</tr>
<tr>
<td>Purim</td>
<td>Jewish</td>
<td>Mar. 1, 2018</td>
<td></td>
</tr>
<tr>
<td>Holi</td>
<td>Hindu</td>
<td>Mar. 2-3, 2018</td>
<td></td>
</tr>
<tr>
<td>Ramanavami</td>
<td>Hindu</td>
<td>Mar. 25, 2018</td>
<td></td>
</tr>
</tbody>
</table>

The Office of the University Registrar has requested feedback from the Faculty Senate on whether or not this such a calendar should be managed, and if so, how. There are four specific and interrelated questions we’ve been asked to consider:

1. Should we continue to host, curate, and offer up this calendar knowing that faculty are looking at it when dates come in as part of the Religious Accommodations Request process?
2. Should we allow any suggested holidays to be included? We have requests waiting now for Juneteenth, Wiccan holidays, and Kwanzaa and we are not sure if we are to include whatever has been suggested or not.
3. Should we instead publish a link to a generic holidays calendar alongside our University calendars with no reference to the Religious Accommodations Policy and Procedure as a point of service for faculty and staff?
4. Should we continue to send this out to faculty each Autumn and by doing so do we run the risk of aligning that messaging with the Religious Accommodations policy and procedures?”
Religious Accommodation Experience Survey

We’ve also been asked to collect data on how our new Religious Accommodation policy worked out for the 73 students who filed (a total of 131) requests for accommodations last quarter to the Registrar’s Office. To that end, the Registrar (Helen Garrett), Tom Halverson (FCTL Chair), and I are developing a brief survey to send to faculty and students in the hopes of using that feedback to inform recommendations to Faculty Senate and other campus leaders as to how the policy might be further developed and improved over the course of the year.

Given the sensitive information involved, responses will be held confidential – the Registrar’s Office will manage the survey, and will remove uniquely identifying information before passing along responses. Generally speaking, the FCSCA will oversee the student-facing questions, and the FCTL will oversee the faculty-facing questions, but both councils will work together on our final report.

Here are the three questions we are proposing for the students who receive the survey (they are very closely symmetric with the survey questions for faculty):

1.) How well do you feel the administrative process of requesting religious accommodation(s) worked for you as a student? Do you have any suggestions as to how that process could be improved?

2.) How efficient/effective/successful was the communication with your instructor(s) around your religious accommodation request? Were there any specific challenges that you faced in communicating with faculty?

3.) Do you feel that your religious accommodation request was satisfied with the accommodation(s) provided to you by your instructor(s)? If not, in what ways were you dissatisfied?